Hunterian Lectures
ON
SYPHILIS,
AND ON
SOME LOCAL DISEASES AFFECTING PRINCIPALLY THE ORGANS OF GENERATION.

Delivered at the Royal College of Surgeons of England,

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TREATMENT OF SYPHILIS.

BOERHAAVE, in a treatise on the venereal disease, states that he had not long been engaged in the practice of physic before the continual novelty of cases which occurred to him made him wish that all his reading had been spent among such authors only who, when they had well described a disease, did not omit to point out its most certain remedies. The new symptoms which arise daily in the selfsame disease, and the wonderful disparity among the usual ones, must necessarily leave a physician in the greatest doubt and perplexity, especially when the disease is grown desperate through neglect, or when, by a wrong treatment, it is become the patient's torment and the physician's reproach. All practitioners, he says, agree that no disorder is more liable to these mischiefs than that which we call the French disease. In the management of this malady things sometimes occur which the longest observation is never able to discern; and the oldest artist must, at least sometimes, confess himself a mere novice, and own his ignorance both of the nature of the complaint and its cure. Moreover, it is not uncommon in this disorder to be apprised of things which, though they seem as trifles hardly worth regarding, yet shall soon produce a train of horrible consequences. "Notwithstanding," he adds, "I myself have been a practitioner in this disease for above six-and-thirty years, and although I had always the opportunity of acquainting myself with the nature of this anomalous evil, and made good use of it too, yet has every year produced me something new and unobserved before." Acting upon Boerhaave's suggestion, I shall endeavour to give the treatment, general and local, of the different forms of disease which we shall have to consider; and in the whole range of medicine there are none which yield so readily to treatment as those which form the subjects of these lectures.

The morbid changes observed in constitutional syphilis have been divided into primary, secondary, and tertiary. In uncomplicated forms of the disease, as we have seen, there is no great difference in the kind of action between the primary and secondary symptoms—and the classification of secondary and tertiary syphilis is by no means an easy task. Some have regarded affections of the skin and mucous membranes as secondary, while diseases of internal parts, including the bones, they look upon as tertiary. The secondary symptoms have been supposed to require mercurial treatment, while for the so-called tertiary symptoms iodine, sarsaparilla, and tonics generally have been recommended. Practically, such distinctions are, in my opinion, of little value, and often lead medical men to treat the name which they may happen to apply in a particular case rather than the disease itself. As far as any such classification can be made, that adopted by Mr. Lane is perhaps the best. Among the secondary affections of the skin he classes roseola, lichen, tubercles that may desquamate, ulcerate, or encrust; psoriasis, lepra, and ecthyma. Among the affections of mucous or semi-mucous membranes there are the white aphthous-looking ulcers on the tonsils, soft palate, and fauces, superficial ulcers on the sides of the tongue and angles of the mouth, mucous tubercles or condylomata on semi-mucous surfaces, and deep excavated ulcers of the tonsils. To these are added iritis, muscular pains, arthritic pains, pains in bones, periostitis and nodes. In these affections Mr. Lane considers that the venereal poison still exists, and that it may be communicated by contact and transmitted to the offspring. In such cases Mr. Lane considers mercury as beneficial and iodine of but little or no value.

Tertiary syphilis, affections of the fibrous membranes, include periostitis, resulting in nodes, caries and necrosis of bones; inflammation of fibrous tissues of joints, arthritis; inflammation of the fibrous tissues of the testicles, orchitis; inflammation of the fibrous tissues of the globe of the eye, and sclerotitis.

Among the affections of the skin and mucous membranes in tertiary syphilis are classed rupia and cachectic ulcers of the skin, rapid ulceration of the soft palate, fauces, pharynx and larynx, rapid ulceration of the rectum, vagina, nymphæ, and labia.

In the same class are included deposits of fibro-plastic lymph, imperfectly organised—first, in the areolar tissue, constituting subcutaneous or submucous tubercles; and, secondly, in the muscular tissue. These are frequently met with in the tongue, and occasionally in other muscles; and similar deposits are met with as post-mortem appearances in the liver, spleen, kidneys, lungs, and other viscera. To this list Mr. Lane adds lardaceous and waxy deposits, occasionally found in the post-mortem examination of the bodies of persons of dissipated habits.

The pathological changes in this class occasionally, according to Mr. Lane's view, present themselves in patients who have passed through the primary and secondary stages of syphilis, but in whom the venereal poison no longer exists, and therefore cannot be transmitted. The remedies required in these affections are especially iodine and sarsaparilla,—and mercury, in Mr. Lane's opinion, is injurious.

Some such classification as the above is necessary for systematic teaching, and that now given I believe to be perhaps the most convenient that has yet appeared. But I am satisfied that no such classification can be practically relied upon, either as a matter of pathology or with regard to treatment. A node, for instance, which is generally supposed to be among the latest manifestations, will sometimes be the first symptom to attract attention; and, on the other hand, I have seen a well-developed syphilitic scaly eruption on the arm of an Indian officer who had had no primary affection for seven-and-twenty years.

The morbid processes which Hunter has described, without reference to time in this as in other diseases, are those which are the most true to nature, and which furnish the most reliable indications for practice.

At whatever period of the disease we find the existence of the specific adhesive form of action, whether developing itself as a primary manifestation in the shape of an indurated sore, or as an affection of the inguinal glands, or in the form of papular, tubercular, or scaly eruptions on the body, mercury is, in my opinion, sure, if properly administered, to be beneficial.

When the disease, whether primary, secondary, or tertiary, has a tendency to produce suppuration in the affected parts, mercury should be administered with great caution.

The same may be said, as a rule, where the affected parts run rapidly into ulceration, although in some of these, to be subsequently considered, one form of mercurial treatment is wonderfully efficacious.

Where mortification takes place, whether affecting minute or larger portions of the tissues of the body, mercury given so as to affect the constitution is, as a rule, injurious.

Mr. Pearson states that his opportunities of administering mercury had not extended to less than twenty thousand cases, and that he felt himself fully authorised to assert that it is a remedy always to be confided in, under every form of lues venerea; and that, where we have only that one disease to contend with, it is a certain antidote, and as safe in its operation as any other active medicine drawn from the vegetable or mineral kingdom. "Let me not be misunderstood," he continues, "to say that it is a certain and safe remedy in the hands of anyone who undertakes to dispense it. Quite the contrary; for a multitude of indisputable proofs might be adduced that ignorance and error often render it one of the most precarious and mischievous medicines in use." Mr. Pearson goes on to say:—

"The superior efficacy of mercury, as the genuine antidote of syphilis, is sanctioned by the experience of three hundred years; and, what is a circumstance deserving of consideration, not one medicine besides, derived from the animal, vegetable, or mineral kingdom, has maintained its credit, with men actually employed in extensive practice,

during a tenth part of that period. Perhaps it would not be rash to assert that no other medicine has maintained a general good reputation as a specific against the venereal disease beyond the lifetime of its first proposer.

"Men may amuse themselves by declaiming against mercury as an uncertain remedy; they may utter querulous details of its baneful effects, and retail tragical stories of its malignant influence on the body and mind of those who use it; but surely all this turbulent eloquence may be directed with equal advantage, not only against every potent article of the materia medica, but against the very aliment by which we are sustained.

"Almost every department of physical science contains propositions which require exceptions, or against which objections may be brought that scarcely admit of a satisfactory solution. Yet, notwithstanding these, philosophers do not suppose it necessary to abandon duly verified axioms, because a few phenomena, not perfectly understood, seem to militate against them.

"He who shall discard all general rules, because they admit exceptions, ought likewise, for the sake of consistency, to renounce all science, because human knowledge is fallible and imperfect."

In recommending the use of mercury as an anti-venereal remedy, before all others yet introduced into practice, Mr. Pearson says that he neither intends "to conceal or deny that real inconveniences are sometimes connected with the administration of that medicine. There are certain peculiarities of constitution, where its irritating qualities predominate over its medical ones, and where the mode of its agency seems rather calculated to distress the patient, and to injure the health, than to remove the disease for which it is exhibited; hence it were highly desirable to acquire a medicine equally potent as an anti-venereal, and not possessing certain active properties peculiar to that mineral. But this concession forms no valid objection against mercury exclusively.

"There are other articles of the materia medica which produce ill effects on the animal system, even when administered with the utmost skill and judgment. It is sufficiently known that antimony, ipecacuanha, Peruvian bark, opium, digitalis, rhubarb, magnesia, honey, &c., when brought into conflict with certain idiosyncrasies, will excite great and serious mischief; the primary and direct effect of these medicines, on one or more parts of the animal system, militating absolutely against their medicinal qualities. But exceptions of this kind make no impression upon the minds of considerate men, unfavourable to the generally acknowledged merits of these drugs; they note the particular instances, and substitute other medicines in their stead, which possess qualities corresponding to the indication.

"The wish which I have expressed, that another medicine could be found on which reliance could be placed for the cure of lues venerea, does in no wise spring from any distrust of the sufficiency of mercury; it originates merely from the same source which would induce me to desire that the means of remedying every form of human misery were abundantly multiplied."

Mr. Pearson adds:—"I regard every effort used to increase the store of useful medicines as highly meritorious; and, notwithstanding my firm persuasion of the safety, efficacy, and pre-eminency of mercury, in all cases truly venereal, yet I should be guilty of a very perverse and contracted mode of thinking were I to oppose the introduction of another specific, or censure the experiments made to ascertain its intrinsic merits. What number of specific medicines may yet lie concealed among the arcana of nature can form no proper subject of conjecture; but that mercury is as indubitable a specific against lues venerea as any one article of the materia medica is against any one malady, is a fact too authentic to be disputed by any who have either employment or reputation to lose; and as for those who possess neither, their suffrages are not worth collecting."

Although we have, since Mr. Pearson wrote these remarks, now seventy-four years ago, had many new remedies introduced, and some of them of great efficacy in their way, yet I would still endorse his opinion that there is no remedy like mercury for the cure of syphilis. The iodide and bromide of potassium stand pre-eminent among the medicines introduced since Mr. Pearson's time, but their value consists, in my opinion, in removing symptoms, not in curing the disease. I am of course aware that after a person has once had syphilis an impression is left upon his system which is not effaced for years, and perhaps not at all, and what I therefore mean by a patient's being cured, is, that he shall have no further manifestations of the disease. That this condition is often obtained by a proper course of mercury I cannot doubt. I have now seen a large number of patients who have told me that since they underwent a mercurial course they had remained well, and many of these had not had any return of the symptoms for between ten and twenty years. Out of Mr. Pearson's 20,000 cases, a considerable number probably were instances such as I shall have hereafter to describe of local disease, which, with time, would doubtless have got well under the use of guaiacum, sarsaparilla, mezereum, walnuts, opium, the Peruvian bark, the mineral acids, the muriate of barytes, or any other of the remedies at the time in use, or even under no treatment at all. But no one can doubt but that a large proportion of Mr. Pearson's cases were really syphilitic, and were cured by mercury in a way that they would not have been by any of the other remedies which, in other cases, he had tried so extensively. Mr. Pearson's wish that another medicine, equally potent as an anti-venereal, and not possessing certain active properties peculiar to mercury, might be found, has then been realised—but much has been done in the same direction, not by finding a new remedy, but by administering an old one in a different way.

Mr. Pearson mentions that he had so far modified the treatment of syphilis by mercury that he did not consider it necessary to produce ulceration of the gums, and he was satisfied if the action produced a spitting of from half a pint to a pint a day. Coming more near to our own times, the general treatment was, perhaps, that described by the late Mr. Cutler, in the Report of the Committee appointed in 1864 to inquire into the treatment and prevention of venereal diseases in the army and navy. He says:—"As soon as I find that the breath is affected, or the gums are affected, or that the skin is very much affected, or that diarrhœa is produced, I consider that the patients are quite under the influence of mercury."

Mr. Cutler is asked whether he had ever witnessed the treatment of constitutional disease without mercury?—and he says that when he came to London the late Mr. Rose was surgeon to St. George's Hospital, and was then also surgeon-major in the Guards, and he wrote his paper on the anti-mercurial treatment. He then stated that he had never given one grain of mercury to any patient in the Coldstream Regiment of Guards for two years. Mr. Cutler got a letter of introduction to Mr. Rose, in order to see his practice at the St. George's and St. James's Infirmary, and to his surprise he found that nine out of ten of the syphilitic patients were taking mercury. Mr. Cutler asked, "Have you returned to the mercurial treatment?" "To be sure I have," said Mr. Rose. "I only wanted to prove that the disease in the bones and the worst form of secondary symptoms were occasioned by repeated courses of mercury," which were then given in all cases, whether the patients were debilitated by consumption or any other cause. Mr. Rose further stated that even in the Guards he found one case out of every three followed by secondary symptoms with the non-mercurial plan of treatment, and that this did not occur once in ten times when mercury was administered. The mercurial treatment, Mr. Rose also considered, cured patients in half the time required by the non-mercurial. I may add that, even with regard to those who were supposed to be cured without mercury, the evidence is not quite satisfactory, for I was informed directly by one who was in the secret, and who himself afterwards did some business in the same line, that a large number of the soldiers in the Guards, who were supposed to be undergoing the non-mercurial plan of treatment, were in the habit of resorting to a person living in Knightsbridge, who sold them quantities of medicine containing bichloride of mercury. But this was only a repetition of what had long before occurred. Mr. Pearson mentions that in the time of Morgagni mercury was interdicted by some of the most eminent physicians of Italy, and that strong prejudices existed against it as late as the middle of the eighteenth century.

Mr. Cutler's assertion, and the teaching of those who held the same opinion, that when the patient's breath became

affected the patient was sufficiently under the influence of mercury, has led to a very wide-spread and mischievous error. It was assumed, and is still thought, by a large number of practitioners, that the mercury should be then discontinued. Nothing is more common in the history of a case than the statement that the patient's gums were touched and the mercury discontinued. Such, certainly, was not Mr. Cutler's practice. What he meant was that the mercurial action should not exceed that which he mentions, and his practice was to continue that action for a considerable period. It is true that when the internal administration of mercury affects the bowels to any great degree, or produces much salivation, that mode of administering mercury has to be given up; but all who have had much experience in the treatment of syphilis know that the disease is not cured in this way. The observations of Sir Benjamin Brodie are here quite in point. He says that, "except in the slighter forms of the disease, we really cannot depend upon the internal administration of mercury for a cure. We may in this way patch up the disease, but it will return over and over again." One reason of this is obvious—namely, that the mercury, in a very great majority of cases, irritates the bowels, so that it has to be left off before the patient is cured, and on a recurrence of the symptoms the patient perhaps is, on the whole, in a worse condition, as far as his constitution is concerned, and certainly in a less favourable state for proper treatment, than he was before. Sir B. Brodie, following Mr. Pearson, gives the decided preference to the inunction of the mercurial ointment to all other plans of treatment in use in his time. He says:—

"When the symptoms are not of a mild character, the patient should, if possible, be confined to the house, except perhaps for an hour or two in a fine day. The going out into the fresh air (as Mr. Pearson observed long ago) will counteract the influence of mercury. You never can be responsible for thoroughly eradicating the disease where the patient is at all exposed to cold or wet, nor where he does not lead a most regular and careful life in all respects.

"In all cases of syphilis in which you employ mercury, remember that you have two objects in view: the first, to cure the present symptoms; the second, to prevent a return of the disease. It seems to me that a great number of practitioners at the present day regard only the first object, and lose sight of the second. I have frequently seen a person who has taken mercury for a chancre, which has, perhaps, healed in a fortnight, and then has left it off, although a very hard cicatrix has been left. Under such circumstances, in nineteen cases out of twenty, there will be secondary symptoms. If mercury be taken for the primary symptoms, the patient should never leave it off till the hard cicatrix has disappeared, nor indeed for some time afterwards: and so, where it is given for secondary symptoms, it should be continued for a considerable time after they have disappeared. A man has an eruption of the body; it fades away, under the use of mercury, in the course of a month; but the remedy must be used as a prophylactic for another month. If a patient be confined to his house, or only allowed to go out a little in a fine day; if he be made properly to rub in the ointment, and the course be carefully watched and continued for some time after the symptoms have subsided, you will, I am satisfied, in the great majority of cases, make a real and permanent cure of the disease. I suspect that this is not the way in which it is administered by the majority of practitioners at the present time, but it was so administered formerly. You must not suppose that we have advanced alike in all departments of surgery; indeed, I am sure that in some things we have gone back, and I believe this to be one of them. I am much mistaken if the mercurial treatment of syphilis, as employed by the late Mr. Pearson during the greater part of his life, was not as nearly perfect as possible. At any rate, it was much more successful than the less careful treatment of modern practitioners. That gentleman was surgeon to the Lock Hospital; and having no general hospital to attend to, the powers of his mind were more especially devoted to the study of syphilitic diseases and their treatment; and the practice which I have now recommended was that which he usually adopted. When I was young in my profession I had frequent opportunities of meeting him in private practice, and of learning how profound a knowledge of the subject he possessed; and I may take this opportunity of recommending for your perusal his treatise on the various articles of the materia medica recommended for the cure of syphilis, in which he offers many excellent observations on the use of mercury, and enters into details in a way in which it is not my object to enter into them at present."

The preparations of mercury generally used were the blue pill, the mercurial ointment, calomel, corrosive sublimate, and the iodides and bromides of mercury; for fumigation, the grey oxide and the bisulphuret.

On account of its convenience, and the little trouble it gives, the administration of mercury in the form of pills is that which the patient prefers. But mercury can seldom, if ever, be given in this way long enough to cure the disease. It acts upon the patient's stomach and intestines before it has accomplished its object, and it then has to be discontinued. It may for a time, however, be usefully employed either by itself or in combination with external treatment. Three grains of blue pill, with half a grain of opium, night and morning, or half a grain or a grain of the iodide of mercury, with a quarter of a grain of opium, night and morning, are convenient modes of giving mercury internally, and will in general soon produce its specific action. The corrosive sublimate or perchloride of mercury can never be trusted to for the cure of syphilis, although it is a valuable auxiliary in some stages of the disease.

The inunction of the mercurial ointment is the plan of treatment recommended by Mr. Pearson and Sir B. Brodie. This answers very well if a patient will carry it out, but it is not often in private practice that this can be accomplished. It involves a considerable amount of trouble, and the patients object to the dirty appearance on their skin and on their clothes. This last objection has of late been partially removed by the introduction of the oleate of mercury. In some patients the skin does not bear the inunction of mercury well. A crop of pustules not unfrequently appears, and this sometimes gives the patient a considerable amount of annoyance. Mr. Pearson was in the habit of commencing by the inunction of half a drachm of strong mercurial ointment every night, and he was very particular during the treatment not to allow the patients to be exposed to the influence of cold air. He kept them to their room, and sometimes to their bed. The advantage of this plan he found to be that the stomach and bowels did not often suffer from the action of mercury as a metallic salt; a larger quantity of mercury could be administered; the specific powers of mercury could be obtained with great certainty, and sometimes advantage might be derived from the friction being employed near the seat of the disease. The inconvenience of the pustular eruption he found might be avoided by previously shaving off the hairs. All acids during a mercurial course were forbidden, and even tea, if it became acid on the stomach. No vegetables except potatoes were to be eaten, and occasional aperients were administered, as it was found that a common effect of the plan of treatment was to induce constipation. Mr. Pearson was in the habit of increasing the quantity of mercury used to one or two drachms, or even half an ounce. The salutary or specific and injurious effects he thus sums up:—

1. It may prove fatal by acting as a metallic salt, in which case it produces vomiting, fainting, diarrhœa, and dysentery. Where such symptoms arise, even if unattended with danger to life, the treatment will fail in its specific operation.

2. It may act as a mineral poison, not by its direct action upon the stomach, but by producing erethismus, inflammation of the joints, effusion into the bursæ, ill-conditioned ulcers, mortification of parts, and great debility. In all these cases the mercury acts as a mineral poison, affecting very much the mind and the constitution in general, and not producing its beneficial effects on syphilis.

3. Mercury often acts beneficially by promoting perspiration.

4. It promotes the urinous secretion, frequently rendering it turbid and offensive, and liable to deposit a white sediment.

5. It often produces inflammation of the glandular surface of the mouth, swelling of the tongue, and sponginess of the gums.

6. It promotes increased secretion of saliva, producing ptyalism.

7. It sometimes induces powerful depression of the animal functions.

The increased secretion from the skin, kidneys, and salivary glands, with depression of the animal spirits, were considered consistent with its operation as an antidote.

Mr. Pearson was of opinion that the gums should always be made tender and spongy, but this was only to be considered as an evidence of the action of the remedy, and as constituting no essential part of the process of cure. The plan of treatment was continued, if possible, until the symptoms had disappeared, and for some time afterwards, and this might occupy from seven to nine weeks.

I have been particular in giving an account of the action of mercury in Mr. Pearson's day, as, under the milder treatment now pursued, some of these results are seldom seen and little known. But another evil has crept in—namely, that patients who have been supposed to have undergone a mercurial course have done so very inefficiently; the gums have perhaps been "touched," the mercury has then been discontinued, and the disease has remained.

ABSTRACT
OF THE
ADDRESS IN PHYSIOLOGY,

Delivered before the Annual Meeting of the British Medical Association, at Edinburgh, August, 1875.

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THE VIVISECTION QUESTION.

PROFESSOR RUTHERFORD in his opening remarks said that much had been done in Germany and elsewhere to detach physiology from medicine, and develop it as a branch of purely natural science. Such a development, however, gave to physiology an aspect somewhat different from that which it wore when it was regarded, as in the Scotch schools, as the Institutes of Medicine. Therefore the latter title was useful to the teacher, inasmuch as it reminded him that he was more especially to dilate on those facts of physiology which were of value to the medical practitioner. Physiology was an experimental science. Apart from those which were the results of artifice, experiments of great physiological significance were being continually wrought by accident, and by disease, and the science had owed much in the past to those engaged in the daily study of those pathological experiments. Assuredly they could not afford to detach physiology from medicine, for, without doubt, in the future as in the past, the study of those bodily conditions that were abnormal would throw much light on those that were normal; while, on the other hand, those whose knowledge of physiology was most profound were precisely those who, as physicians, were able to conduct pathological analysis with skill and success.

At present there was reason for some anxiety in regard to the manner in which this much-needed knowledge of the Institutes of Medicine was to be attained by their students. In recent years the teaching of physiology had made a great stride in this country. Laboratories duly appointed had been and were being organised; and the method of physiological instruction had in most instances passed from the mere prelection illustrated by diagrams to an experimental exposition of the subject. In his student days the latter element was wanting, and at this moment there was distinct danger of a return to something like that miserable mode of instruction in consequence of the fanatical clamour of a number of persons excited, it must be admitted, by one or two members of their own profession. He could not suppose that any member of the Association entertained the idea that experiments on the lower animals were not justifiable for the discovery of new truth; but he was aware that there were some who entertained the idea that vivisection was not necessary when it had for its object the mere demonstration for educational purposes of facts already known. Those who held this doctrine appeared to him to forget that physiology was an experimental science, and that no right conception of the subject could be obtained unless the student was shown the experiments that were necessary for the demonstration of certain facts. No language, however clear, could depict the movements of the heart, of the circulation of the blood, so as to call forth a picture so vivid and true as that which without an effort sprang forth the moment those things produced an impression through the organ of sight. The manner in which the blood pressure was affected by retarding the heart's action, by dilating the arterioles, or by muscular contraction, the changes which followed division of the sympathetic nerve in the neck, the result of stimulating the cortex of the brain, the reflex power of the spinal cord, the tetanus from strychnine, and the paralysis of voluntary movement produced by curara—these and other equally great fundamental facts in physiology gave rise to nothing more than vague and feeble conceptions unless they were witnessed. Had not every teacher repeatedly observed the altogether different mental attitude which students assumed the moment he passed from mere description to a demonstration of phenomena? He far more forcibly arrested their attention, and far more deeply imprinted on their minds the facts he would bring home to them. The student was apt to forget that which he had merely been told, but the impression of that which he had seen was with difficulty effaced. There was, however, a great deal more than this. It was not enough that the student of medicine should be crammed with so many facts about the bodily machine; it was of infinitely greater importance that he should be really educated in a knowledge thereof. He could not be educated unless it was assumed that he had a right to question statements made to him, and to demand a demonstration of the truth of what was said. It was not enough that the teacher merely said in an *ex cathedrâ* manner that this or that was so; he ought on all possible occasions to prove to the students that it was so; he ought to appeal to them as individuals who could and ought to think for themselves, and therefore as individuals who were not merely to be crammed, but to be convinced. Every examiner in physiology must have repeatedly observed how glibly a student might repeat a statement of fact, but how sorely puzzled he often appeared when asked for the evidence on which his statements were founded. Moreover, everyone must have noticed how often the student lacked knowledge that was definite, and mingled together things that were uncertain with things that were certain, because he had not been sufficiently trained to examine experimental evidence. Of how little avail was this unreasoning knowledge when the student came to thread his way through the difficult analysis of disease! He either believed, or he doubted, too much; he oscillated from one extreme to another, because he was wanting in definite knowledge, and because his critical power had not been sufficiently developed. Now, he maintained that this definite and critical knowledge regarding the bodily organism could not be attained unless their students were shown experiments on living animals, and he held that those authorities who seemed to be of opinion that this method of tuition might be dispensed with, were entirely overlooking the vast importance, not only to the student himself, but to the whole race, of an experimental manner of laying the foundation of a knowledge of the institutes of medicine. It was, he believed, too much to assume that those who advocated a flimsy and superficial method of teaching physiology were altogether actuated by feelings that were termed humane. He feared there was lurking behind that disposition a feeling of indifference to what were the true principles of medical education; or, what was more likely, there was an incorrect appreciation of those principles. It must, however, be admitted that, notwithstanding the vast importance of physiological experimentation in the teaching of medicine, the circumstances under which it was displayed demanded serious consideration. No one could deny that animals daily suffered pain in order that they might be eaten by man, and also that man might not be eaten by them. If it was thought necessary to put countless animals to a painful death for the purpose of keeping the human race alive, might not physiologists inflict pain, not only for the discovery of new truth, but also for the right education of those who had to spend their lives in preventing or in healing disease? Was the one object of less importance than the other; indeed, was not the object in both cases

precisely the same? Why, then, this clamour against physiologists? The pain produced in all the physiological experiments performed in this country in the course of a year was, he believed, as nothing compared to that inflicted upon animals by Her Majesty's Lords and Commons on an autumn holiday. He would not, however, for a single moment speak lightly of the production of pain, for it was the function of those who pursued medicine to alleviate pain and suffering. Their students would indeed be badly trained for the pursuit of a calling so humane as that of medicine, if they did not find their teachers on all occasions carefully avoiding the giving of pain that was not absolutely necessary. Therefore it was their duty, for this as well as for other and obvious reasons, to use narcotics in their experiments upon animals whenever it was possible. It was not necessary for a sound physiological education that their students should be shown all the experiments that were needed to demonstrate physiological truths; they probably did enough if they showed experiments on the cardinal points of physiology; and he averred that all the experiments on the higher animals that were really required for the purpose of education could be performed with the aid of narcotics. Seeing that this was so, why should it be that some had become convinced that, in consequence of the present inflamed state of the popular mind on the subject of vivisection, the right education of medical students must be abandoned? The popular mind had been abused by inaccurate and misleading statements regarding both their motives and their actions. He maintained that a great and deplorable error was committed when the unreasonable clamour of the anti-vivisectionists was met in the spirit of compromise instead of the spirit of stern resistance. He believed that the unfortunate Vivisection Bill which was laid on the table of Parliament conferred a dignity on the policy of the anti-vivisectionists which but for that Bill it would probably never have possessed. It was true that there had been a withdrawal of that singular Bill, according to which they were to have been fined fifty pounds or to have been sent to prison for two months if they had dared to show to their students any experiments, even upon a narcotised animal. But the effect of the Bill was not effaced; the increased boldness which it had given to the pretensions of the anti-vivisectionists was only too evident. All that they could now hope was that the good sense of the Legislature would in the end prevail, and that it would do nothing to hamper the education of medical men.

The learned Professor went on to explain, with the help of numerous diagrams, the results of a series of experiments he had made in reference to the action of certain drugs on the biliary secretion of the dog. These results, briefly stated, were as follows:—Croton oil was not found to be an important hepatic stimulant; podophyllin stimulated the liver enormously, and caused the production of a bile almost the same as that which was secreted without its action; aloes was a very distinct hepatic stimulant, and produced less intestinal irritation than podophyllin; rhubarb never failed to increase the secretion of bile, almost the same in character as that secreted without its help, while it caused less intestinal irritation than either podophyllin or aloes; senna stimulated the liver, but not to the same extent as rhubarb, and it seemed to render the bile more watery; colchicum caused the secretion of a large amount of biliary matter; taraxacum stimulated the liver, but not to any very great extent; scammony excited the liver, but not to a marked extent; calomel increased the secretion of bile in one experiment, but three others appeared to show that it was not a hepatic stimulant, at all events in the dog; gamboge produced strong intestinal irritation and profuse purgation, with a fall in the secretion of bile, probably owing thereto; castor oil showed decided purgative action, but produced a slight stimulation of the liver; alcohol did not increase the secretion of bile. It thus appeared that podophyllin, rhubarb, aloes, and colchicum had the most marked effect in increasing the biliary secretion of the dog; and as to their mode of operation, it appeared most probable that they were absorbed and directly affected the liver, though on this point it was not professed that anything had been definitely settled. A far more important practical point was the following:—How was it that these experiments proved podophyllin to be a hepatic stimulant, while in the experiments of the committee presided over by Dr. Bennett it was found that that substance diminished the amount of bile secreted? The only apparent explanation was that in the present experiments the dogs had been kept fasting for seventeen or eighteen hours, while in those of the committee they had had their usual food. The clinical observer would probably accept the facts as not opposed to clinical experience as regarded man, except in respect of calomel. It had simply been shown that while there were a number of substances supposed to be cholagogues in man which excited the liver of the dog, calomel was not one of these, although in the dog, as in man, it produced purgation, and although the researches of Dr. Bennett's committee conclusively showed that dogs could be salivated by mercury as well as man.

ABSTRACT
OF THE

ADDRESS IN SURGERY,

Delivered before the Annual Meeting of the British Medical Association, at Edinburgh, August, 1875.

BY JAMES SPENCE, F.R.S.E.,
PROFESSOR OF SURGERY, EDINBURGH UNIVERSITY.

PROFESSOR SPENCE, in the outset of his remarks, said that looking at some of the more prominent changes in surgical practice, a superficial observer might almost imagine that, instead of progressing, the science moved in a cycle, and were he disposed to be cynical, he might suggest that practitioners had come back to sheer mechanical force, complicated dressings, and red-hot knives. On more careful examination, however, it would be seen that even in cases where the practice was not absolutely new, the method of applying it had been so modified and improved as to constitute a real advance and acquisition to the surgeon's resources. In illustration of this proposition, Mr. Spence went on to speak of the method of treating fractures by extension, the development of periosteal surgery, the reduction of dislocations, the bloodless method of operating, and the treatment of croup and diphtheria, between which latter diseases he drew a broad distinction. The statements made had reference to a large extent to cases which had come under the lecturer's own observation, and were elucidated by diagrams and preparations.

Proceeding to speak of the treatment of wounds and surgical dressings, the learned Professor contrasted the old practice, in which stress was laid on digestion, mundification, and incarnation, and no wound was allowed to heal by first intention, with the truly philosophical views of the adhesive process taught by Hunter, and nowhere more intelligently carried out than in Edinburgh, through the influence and the writings of John Bell, Liston, and Syme. The results obtained from the latter system were, he said, excellent, and the system remained in use to the present time. Now, however, they were again in a transition state in regard to the treatment of wounds. The antiseptic method of Professor Lister was being pressed, in some quarters, to the exclusion of conditions which he could not but think, at least equally, if not more important in the treatment of wounds and operations. The present was not the place, nor was there time, to discuss the germ theory of putrescence, or the general value of the antiseptics now contending for pre-eminence; but some of the statements advanced for the antiseptic system so ignored the effects obtained by the simple dressing and treatment of wounds, and such infallibility was claimed for the effect of the special method, as to require some notice. When he read statements that the antiseptic method was to be regarded as one of the most important contributions to modern practice, inasmuch as it made wounds heal by first intention, instead of going through the painful processes of granulation and suppuration, he could only regard such statements as arising from want of experience in, or misrepresentation of, the simple method of treating wounds; for assuredly healing by granulation was neither the object nor the general result

of that plan of treatment. Suppuration, he believed, was not unknown in the antiseptic system, whilst the average duration of treatment, as far as he could learn by hospital statistics, was not lessened. But when he found a German professor and hospital surgeon stating that, after a year and a half's experience of the antiseptic treatment he was able to guarantee with certainty the perfectly successful result of his operation, such an assertion challenged closer examination, and one demanded proof on the question how far, apart from other conditions, different modes of dressing stood in the relation of cause to successful results. The answer to this important question must rest on sufficient data—carefully weighed statistics. It would not do to point to some brilliant results in individual cases, because all methods of treatment could produce that kind of proof. Nor would it do to state that no death from pyæmia had occurred under the system. The statistics must indicate the nature of the disease or injury for which the operation had been performed, and the cause of death in fatal cases, not by a conventional term, but by giving the symptoms during life, and the organic lesions found after death. With extensive statistics of this kind, they should be better able to judge of the comparative advantages of different systems. It was curious that they heard so much of success from abroad; and he thought that sufficient time and scope had been given to the system in this country to enable those who used it to furnish statistics such as he had indicated, and thus enable the profession to judge more dispassionately of its results.

In comparing of late the results of his own hospital practice, he had been struck with the success which attended a very simple treatment; and this led him to question their progress in departing from it. During three years, out of sixty-three major amputations for disease, there were only three deaths; and out of twenty-three cases of excision of joints, only two deaths. The treatment consisted in thoroughly washing the surface of the wound by pouring tepid water over it, occasionally applying tincture of iodine on the flap, while the dressing consisted in a fold of lint or thin muslin over the same. Again, in preparing statistics of his amputations, he found evidence that certain conditions, such as the nature of the disease or injury, had a most important influence on the result; such an influence, indeed, as he could hardly have supposed till the statistics brought it distinctly before him. His later statistics corroborated his former; so that he could not accept the statement of the learned German professor to which he had referred.

Whilst he spoke of the antiseptic system, meaning the special method, he need hardly say that all surgeons had for their object the avoidance of putrescence, though their views might differ as to the best way of attaining it. He could not close without recommending the advantage, in treating lacerated wounds and burns of the extremities, of continuous immersion in the tepid bath and avoidance of all meddling with the injured part and the agony to the patient caused by the changing of dressings. In the case of burns especially its advantages were most conspicuous, for the constant moisture kept the superficial tissue pliable, and motion of the parts could be effected gradually while the limb was immersed in the bath. Here the antiseptic method could be carried out most thoroughly by mixing carbolic acid with the fluid in which the limb was immersed. The retrospect he had taken showed that when true principles had been disregarded or lost sight of they had ultimately had their value recognised, and, modified and improved, had become the advances of the present. So, for the future, he felt confident that all that was true and good in any system might emerge with all the greater beauty and usefulness that it had been purged of its dross by the test of observation and candid inquiry.

DR. FRANKLAND reports that the condition of the London waters during July was satisfactory. The advantage of the storage of river water in reservoirs is shown in the state of the West Middlesex water, which, in consequence of longer storage, exhibited scarcely half as much evidence of previous sewage or animal contamination as the Lambeth Company's water, though both are derived from the same source.

ON THE

DIAGNOSIS OF ENLARGED BRONCHIAL GLANDS IN CHILDREN.

BY EUSTACE SMITH, M.D., F.R.C.P.,

PHYSICIAN TO H.M. THE KING OF THE BELGIANS; PHYSICIAN TO THE EAST LONDON CHILDREN'S HOSPITAL; ASSISTANT-PHYSICIAN TO THE VICTORIA-PARK HOSPITAL FOR DISEASES OF THE CHEST.

ENLARGEMENT of the bronchial glands is a very common lesion in early life. In many children the lymphatic glands generally over the body enlarge upon the slightest irritation, and when once swollen are slow to return to their natural size. It is in these cases that cheesy degenerations are apt to occur in the swollen glands, and suppuration, with the formation of an abscess, may be the consequence. This is common in the case of the cervical glands, and happens sometimes in those of the chest. In any case the presence of a cheesy mass is not unattended with risk, and its very existence is a sign of that vulnerability of constitution which predisposes to the so-called consumptive diseases, and is a constant source of danger.

Children who have been subject to repeated attacks of pulmonary catarrh are very liable to enlargement and caseation of the bronchial glands. Whooping-cough is also apt to leave behind it the same condition, and after measles it is frequently met with.

The seat of the enlarged glands is at the bifurcation of the trachea, and therefore behind the first bone of the sternum, and a little below it. They give rise to dulness on percussion at this spot, and the dulness often extends to each side of the bone, and also downwards to the upper part of the second bone. In the case of young children there is sometimes in health a little dulness on percussing the upper bone of the sternum, produced by the underlying thymus gland, but the dulness does not in such cases reach laterally beyond the limits of the manubrium. In the case of great enlargement of the bronchial glands there may be dulness also behind in the intrascapular region, but this is rare on account of the thickness of lung which intervenes between the glands and the posterior wall of the thorax.

The symptoms by which enlargement of the bronchial glands can be distinguished—viz., distension of the cervical veins, swelling of the neck, dyspnœa, spasmodic cough, and whispering voice—are all pressure signs due to the encroachment of the swollen body upon the parts around. They are, therefore, not present until the increase in size of the glands has become considerable. In these cases the dulness on percussion is usually marked, and if the glands are of sufficient size to compress the trunks of the large vessels, the ordinary stethoscopic signs of such pressure will be heard. At this stage the nature of the case is obvious; but at an earlier period, and before the enlargement has become sufficiently great to give rise to the signs enumerated above, the diagnosis of the lesion is much less easy, as the symptoms by which it is accompanied are few and obscure. At this time much assistance can be gained from the following experiment. If the child be made to bend back the head so that his face becomes almost horizontal and the eyes look straight upwards at the ceiling above him, a venous hum, varying in intensity according to the size of the diseased glands, is heard with the stethoscope placed upon the upper bone of the sternum. As the chin is now slowly depressed, the hum becomes less loudly audible, and ceases some time before the head is brought back again into the ordinary position. The explanation of this phenomenon I believe to be that the bending backwards of the head throws forward the lower end of the trachea, which carries with it the glands lying in its bifurcation, and the left innominate vein, as it passes transversely behind the first bone of the sternum, is compressed between the enlarged glands and the bone. In cases where this sign has been present there has often been some slight dulness over the manubrium, leading one to suspect

the existence of enlargement of the glands, and the occurrence of the hum thus produced I now always consider to be evidence confirmatory of the suspicion. The experiment does not succeed in cases of flat chest where there is no reason to suspect glandular enlargement, nor can the hum be produced by the thymus gland in a healthy child. This gland lies immediately behind the sternum in front of the great vessels; enlarged bronchial glands lie behind the vessels in the bifurcation of the trachea. A swelling in front of the vessels does not appear to set up pressure upon the vein when the head is bent back in the position described. I have examined many children, with a view to test this point, and in no case have I found the characteristic hum produced except in cases where there was reason from other symptoms to suspect the presence of bronchial glandular enlargement.

The following cases furnish good illustrations of the symptoms in question:—

Arthur P——, aged eight years, had had scrofulous disease of the knee-joint for twelve months. The cervical glands were enlarged, and his skin generally was harsh and dry. For two months his breathing had been short, although he had had no spasmodic attacks of dyspnœa. During the same time he had been troubled with a dry hollow cough. There was slight dulness at the left supra-spinous fossa, and a little crepitating rhonchus was heard there at the end of inspiration. There was no dulness on percussion at the upper part of the breast-bone, but when the boy held his head back so as to turn the face upwards to the ceiling a loud continuous hum was heard near the left edge of the front bone of the sternum, and this ceased when the chin was brought down again into the natural position. This boy had no swelling of the cervical veins, spasmodic cough, or other sign of enlarged bronchial glands, except the peculiar and characteristic hollow, almost cavernous, breathing which is often heard in such cases, when the lips are closed, over the upper part of each lung. This, however, disappeared to a great extent when the mouth was open.

Alice T——, aged six years, a pale, thin child, had been weakly for several months, and had been getting thinner. She had no cough to speak of. On stripping the child to examine her chest, it was noticed that the superficial veins at the upper part of the breast-bone and at either side were unusually visible. The veins of the neck were not distended, nor was there any enlargement of the cervical glands. The percussion note on the front bone of the sternum was perhaps a little high-pitched, and when the child bent her head well backwards, a very loud continuous roaring sound was heard over the first two sternal bones, and extended to the articulation of the second right cartilage. The sound ceased when the chin was depressed again. There was no dulness in the intrascapular region behind.

It would be easy to multiply illustrations of this symptom, for disease of the bronchial glands is very common in children. I believe the hum in the vein to be capable of being produced in every case where the glands of the chest are enlarged, so long as these are movable. If they are fixed, and at some distance from the sternum, the experiment fails. Thus, in a boy aged three years, the subject of lymphadenoma, who died in the East London Children's Hospital under the care of Dr. Bruce, there was dulness at the upper part of the breast-bone, which was continued down in a pyramidal form as far as the heart's dulness. No venous hum, however, was produced by bending back the head. On examination of the body of this child, yellow flattened cheesy masses were found adherent to the inside of the sternum, and others much enlarged and immovable were seen filling up the interval between the bifurcations of the trachea. In this case the alteration in the position of the head did not set up pressure upon the vein, as the glands being fixed could not be carried forwards against the vessel.

The venous hum thus produced by bending back the head I believe to be the earliest sign of enlargement of the bronchial glands in a child, preceding dulness on percussion, an occurring long before the ordinary pressure signs on which the diagnosis of the lesion is usually made to depend.

George-street, Hanover-square, W.

THE TREATMENT OF DISEASES OF THE HIP-JOINT.

BY H. C. ATTENBURROW, F.R.C.S.,
LATE SURGEON TO THE NOTTINGHAM HOSPITAL.

ON January 5th, 1874, I was called to see a child named H——, aged eleven years. The left leg was two inches shorter than the right; there was no swelling, but flattening of the left hip. Pulse quick and thready; profuse perspirations; loss of appetite; constant vomiting; and great emaciation. The pain in the left hip and knee was so severe that she would not allow anyone to approach the bed for fear of their touching the clothes, and could not bear the least movement of the limb.

I told the mother I could give her child immediate relief from pain by laying open the hip-joint—an operation I had performed several times with complete success; at the same time, as I believed I was the only surgeon in the habit of adopting this mode of treatment, I should wish her to ascertain the truth of my statement, and referred her to the parents of two children upon whom I had operated under similar circumstances. If she desired me to attend the child she was to let me know.

Jan. 6th.—I received a message, stating that "she placed the child under my care; I must do what I thought best."

7th.—With the assistance of Dr. Vaudin, I made an incision about four inches long, on the upper and posterior edge of the trochanter, cut down into the joint, and freely divided the capsular ligament. The upper and outer edge of the acetabulum was in a state of caries; the head of the femur seemed sound. I passed a pledget of lint dipped in oil into the joint, filled up the wound with lint, and gave her an opiate.

8th.—The child has passed a quiet night; slept well; no perspiration; a little smarting pain in the wound, but can bear the limb moved. I had great difficulty in persuading her to allow me to touch it on account of the great pain she has hitherto suffered.

9th.—On removing the bandage the pledget of lint came away. The discharge was slight, but very offensive, that of necrosed bone. I ordered her tonics and nourishing diet. In a few days sleep returned, the vomiting and perspirations ceased, but the appetite was very delicate for some time. In a fortnight she was able to be removed without pain to the sofa.

I kept the wound open by introducing a piece of lint dipped in a solution of sulphate of copper and then dried.

In two months the offensive odour of the discharge had completely disappeared, and she was able to move about on crutches. I still kept the wound open.

Jan. 5th, 1875.—The child is now quite strong, healthy, and plump. The limb is about an inch shorter than the other; she can bear her weight on it, walks very well with crutches, wearing a high-heeled and toed boot.

I consider early incision into diseased hip-joints the treatment of common sense. When the bone is diseased a quantity of acrid matter is collected in the acetabulum, the head of the femur becomes dislocated, and the tension of the capsular ligament produces intense pain in the hip and knee. This is not occasioned by the pressure of the head of the femur in its new position, as the suffering vanishes when the joint is opened. I have always found that after opening a joint with caries of the bone the healing process commences in a fortnight or a month. I cannot understand the objection of many surgeons to laying open diseased joints; it is more requisite than in a common abscess. In the latter the matter soon finds an exit, but in joints the acrid fluid is pent up, and seldom points until the whole surface of the bone is diseased.

In the year 1849 I first tried this treatment in the Nottingham Hospital; it was so satisfactory that in 1850 I operated on two private patients with equal success. On account of ill-health, I sent in my resignation as surgeon to the hospital, came to Jersey, and did not practise for some time. I have operated eight times in Jersey, and in two cases, aged eleven and thirty-nine, have after the operation succeeded in reducing the dislocations, effecting a complete cure, the patients being able to walk as well as ever.

I have been present at a great many operations for excision of the joints, and I firmly believe that were incision of the joints performed at an early stage in the disease such operations would never be required. Were it for nothing else but the immediate relief of pain produced by incision, I should recommend its adoption.

Les Creux, St. Brelade's, Jersey.

BENEFICIAL USE OF JABORANDI IN CASES OF DIABETES INSIPIDUS OR POLYDIPSIA.

BY T. LAYCOCK, M.D.,

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(*Reported by* J. M. BROWN, M.B., *and* F. ALSOP, M.B.)

THE following case of polydipsia was the subject of a clinical lecture by Dr. Laycock during the last winter session, in which he pointed out that the disease in both forms of diabetes and in certain kinds of Bright's disease and dropsy is a *neurosis*, having its seat in that part of the encephalon which regulates the amount of water in the blood, and having, therefore, both anatomical and functional relations with the sudoriparous glands and the kidneys, and with the appetite for water and the sense of thirst. The pathology and clinical history of both kinds of diabetes were discussed, and the experiments of Claude Bernard and others, as to the production of polyuria, albuminuria, and glycosuria by injury of certain portions of the floor of the fourth ventricle, were alluded to as having a distinct relation to the study of those diseases clinically.

CASE 1. (Reported by J. M. Brown, M.B., class-assistant to Professor Laycock.)—Wm. K——, aged forty, a shoemaker, was admitted to the Edinburgh Royal Infirmary Dec. 24th, 1874. He complained of great thirst, a feeling of pain and heat from the lips to the stomach, profuse urination, and a tendency to pass water frequently; also of dimness of vision.

His previous health had been good until about five months prior to his admission. During these five months he had suffered much from thirst, which was most severe at night and in the morning. He had a hard chancre many years ago, but no other personal indications of syphilis subsequently. His wife had consecutively seven still-born children. As to his social history, he had drunk considerably of whisky, having a bout of drunkenness, lasting for several days, about every three weeks.

Condition on admission.—He is a slightly-built man, 5 ft. 4½ in. in height, and weighing 8 st. 4 lb. The integument is hard and dry; temperature 98°. He stated that he did not think he had perspired for five months. The circulatory and pulmonary systems gave normal results, with the exception of a little emphysema of the anterior margins of the lungs. Pulse 92; respiration 16. The tongue somewhat furred, but at the anterior part of the dorsum a small patch is seen, about the size of a threepenny piece, denuded of epithelium, and appearing raw and glistening. The fauces are slightly congested, but quite moist. The appetite is impaired; bowels are regular. Hepatic and splenic dulness normal. He has sometimes to micturate every half-hour. The urine is pale, almost colourless, faintly acid, sp. gr. 1005; chlorides; phosphates and urea only in small amount; traces of indican; no sugar or albumen, and no organised or crystalline deposits: in short, it exhibits only the character of a very dilute urine. The testicles are rather small. He states that he has occasional nocturnal emissions, and feels competent for sexual congress. He sleeps well, and is intelligent. Cutaneous sensibility unimpaired. On examining the right eye ophthalmoscopically, the optic nerve was found to be atrophied.

The quantity of urine passed daily during the first week after admission was as follows:—

From 3 P.M.	Dec. 24th	till 3 P.M.	Dec. 25th,	420 oz.
„	„	25th	„	„	26th, 500 oz.
„	„	26th	„	„	27th, 300 oz.
„	„	27th	„	„	28th, 400 oz.
From 3 P.M.	Dec. 28th	till 3 P.M.	Dec. 29th,	400 oz.
„	„	29th	„	„	30th, 330 oz.
„	„	30th	„	„	31st, 400 oz.

The patient was ordered a good diet, with two pints of milk daily, and as much ice as he chose to take with his liquids. He also took ten minims of dilute sulphuric acid and ten minims of tincture of opium every four hours. This mixture was continued till Jan. 4th, when the amount of urine in twenty-four hours was 366 oz. No good having resulted, twenty grains of iodide of potassium and a quarter of a grain of extract of belladonna were ordered thrice daily. On Jan. 15th it was observed that there was a certain periodicity as to the quantities of urine passed daily, as the following statement shows:—

Jan. 11th to 12th, 228 oz.	Jan. 13th to 14th, 200 oz.
„ 12th to 13th, 272 oz.	„ 14th to 15th, 366 oz.

Five minims of liq. arsenicalis were given along with the iodide. The patient was desired to take as little fluid as possible. He became very fond of the iced milk and water, and was sometimes observed to drink it ravenously. A warm-water or hot-air bath was sometimes administered, and on one occasion the latter induced a slight cutaneous transpiration, limited, however, to the thoracic and axillary regions. This treatment was continued till Feb. 2nd, the quantity of urine daily passed varying from 256 to 356 oz., and the specific gravity from 1005 to 1007; chemical characters as before, except that no indican was discoverable.

During the preceding period he occasionally complained of pain in various parts of his abdomen, back, and under the nipples; these pains were generally relieved by mustard epithems, or friction, sometimes assisted by a carminative. The intestines were on those occasions often inflated, and splashing sounds could be produced by slight manipulation of the abdomen. On Feb. 2nd he was ordered three grains of freshly prepared extract of valerian in pill thrice daily; on Feb. 8th, two pills thrice daily; on Feb. 10th, three pills every four hours. On Feb. 11th he had taken fifteen pills, and felt sick and depressed. On the 14th he took no valerian pills, but from the 15th till the 26th he took six pills daily. The quantity of urine passed during the period the valerian was administered diminished pretty steadily from 308 oz., sp. gr. 1008, on Feb. 4th and 5th, to 240 oz., sp. gr. 1010, on Feb. 15th and 16th. From this date (the valerian being omitted) till Feb. 26th it steadily increased to 300 oz.

On Feb. 26th the patient was still complaining of great thirst, and the skin was dry. Jaborandi was then ordered in the form of infusion of the strength of one drachm of the leaves and twigs to six ounces of water; of this a dessert-spoonful was taken every four hours. On Feb. 28th a table-spoonful of the infusion was given every three hours; on March 1st a tablespoonful every two hours; March 4th, two tablespoonfuls every hour. On March 5th the skin of the back, abdomen, and inner aspect of the thighs was found to be perspiring pretty freely. On the 6th (the jaborandi being continued as when last mentioned) the skin of the arms and of the left palm perspired.—15th: The quantity of urine has declined steadily from 300 oz. on Feb. 26th to 236 oz. on March 14th.—31st: The treatment with the jaborandi having been continued, the quantity of urine passed to-day was 180 oz. The patient has found his mouth uneasy several times, and the amount of the infusion to be taken (varying from one to two tablespoonfuls every hour) is left to his own sense of comfort or discomfort. His skin is moist, and he declares himself much easier and better in all respects, but still has "some of the old burning feeling in the throat and gullet."—April 2nd: The sense of discomfort in the mouth amounts to-day to pain in the teeth and some slight difficulty in opening the mouth. He is ordered to take the jaborandi less frequently.

The quantity of urine continued to diminish steadily till the middle of May, when it amounted to 120 oz. per diem. His mouth also had become moister. The patient was then, at his own request, discharged.

The measurement of the urine in this case was most carefully conducted by the patient and nurse, and latterly by the patient alone, as he became more interested in the progress of his own case. The measurement of the liquids taken was more difficult, and was at first erroneous for obvious reasons, so that the discrepancy between the amount taken and the amount passed was great; but as the thirst diminished, and the man became in earnest as to the mea-

surement of the fluids taken and urine passed, there was seldom more than 20 oz. difference between the one and the other.

CASE 2. (Reported by Fabian Alsop, M.B., resident physician, University Clinical wards.)—William W——, aged thirty-five, a clerk, was admitted to the Royal Infirmary, Edinburgh, under the care of Dr. Laycock, May 29th, 1875. He complains of passing a large quantity of urine, and of a desire to pass it frequently. Also of great thirst, and that he feels inclined to drink a great quantity of water at a time. The water he drinks appears to him to have a sweet taste, especially when it is cold. Patient says that these symptoms commenced nine years ago, during an attack of what the doctor who attended him termed "rheumatic fever." He says that he drank as much water then as he does now. Twelve years ago he had a swelling in the groin after connexion with a woman who would have been likely to communicate infection to him; and five years ago had the venereal disease, for which he was admitted to the infirmary, and, whilst in hospital, had his left testicle removed, and was dismissed cured. Two years after this he was readmitted, and was treated (patient says) for pneumonia. Three months ago a small papule formed at the back of his right thigh, which was not attended to, and which ended in a small ulcer about six weeks ago, and has not yet healed. Ever since his testicle was removed patient has been subject to severe frontal headaches and a feeling of giddiness, which come on him occasionally. His father and mother both died, he states, of consumption; otherwise the family history is satisfactory. He has had a comfortable home and always been well clothed, but has been given to sexual excesses and frequently has been "the worse of drink."

Condition on admission.—Patient is somewhat emaciated, and below the average development; height 5 ft. 6 in.; weight 8 st. 7 lb. His muscles are small and rather flabby. He can lie easily in any position, and is not confined to bed. He has a somewhat anæmic aspect, but his expression is natural. Temperature on admission 97·6°. Skin very dry and rough. Does not perspire at all. No eruptions nor tumours on body. There is a small ulcer, about the size of a florin, on the posterior aspect of the right thigh, with a greyish surface, and which discharges a small quantity of fetid pus; otherwise his limbs are natural. Patient has to micturate frequently, having generally to rise three or four times during the night. Through the day he passes urine, without pain or difficulty, about every two hours, amounting in twenty-four hours to 158 oz.; of a very light yellow colour, much resembling the colour of hock; sp. gr. 1008, of acid reaction; contains albumen, which occupies about one-eighth of the test-tube when the urine is allowed to stand after boiling; chlorides are abundant in quantity, so also is the urea; no sugar present; no tube-casts to be discovered under the microscope. Patient's tongue is clean. He feels very thirsty, and in order to quench his thirst has to drink a large quantity of water at a time. Has a very pleasant feeling at the back of his throat while he is drinking water. His bowels are very irregular in action; some weeks being very constipated, at others loose. Viscera of of abdomen natural. Number of respirations 20 per minute. Has no cough nor breathlessness. Physical examination of lungs natural. Pulse 72 per minute; regular in force and rhythm; of fair strength; but slightly compressible. He does not suffer from any dyspnœa or palpitation. Physical examination of heart quite natural. Patient is very short-sighted. On ophthalmoscopic examination of the fundus of the eye, a large staphyloma posticum is observed on the *apparent* inner side of the optic disc; the vessels of the retina are also enlarged, and the choroid is found to be atrophied. By direct illumination the fundus is well seen; and when the observer moves his head in one direction, the retinal vessels appear to travel in the opposite direction. Patient is easily exhausted. Sleeps pretty well at night, and would rest better had he not to get up often to pass water. Occasionally he has frontal headache and attacks of giddiness.

Treatment.—The diet was as follows:—Breakfast: Porridge, milk, coffee, and bread. Dinner: Chop or steak, vegetables, broth, and bread. Tea and bread-and-butter in the evening, and milk at night.

June 2nd.—Ordered one tablespoonful of decoction of jaborandi thrice daily.

Progress of case.—The following is a daily table of the amount of urine passed and the amount of fluid taken.

Date.	Amount of Urine passed in 24 hrs.	Amount of Fluid drunk in 24 hrs	Notes.
June 1st	158 oz.	186 oz.	
„ 2nd	154 oz.*	156 oz.	Was up four times to pass urine. Bowels costive. Half an ounce of castor oil in the evening. Jaborandi commenced.
„ 3rd	150 oz.	156 oz.	Bowels moved freely after the castor oil.
„ 4th	120 oz.	146 oz.	Skin very dry; does not sweat at all. Dose of jaborandi increased to two tablespoonfuls. Bowels moved twice. Was up three times last night to pass urine.
„ 5th	140 oz.	146 oz.	
„ 6th	154 oz.	170 oz.	During night sweat a little about face and hands.
„ 7th	148 oz.	186 oz.	Sweat more. Dose of jaborandi increased to four tablespoonfuls three times a day.
„ 10th	100 oz.†	126 oz.	Sweat a great deal about face, but not on body.
„ 18th	110 oz.	116 oz.	Sweat profusely all over his body.
„ 25th	100 oz.	126 oz.	Saliva for last few days very much increased.
July 2nd	104 oz.	116 oz.	
„ 8th	100 oz.	106 oz.	
„ 10th	94 oz.	96 oz.	Sweat very profusely through the night. Saliva greatly increased.
„ 19th	100 oz.	106 oz.	
„ 22nd	98 oz.‡	100 oz.	Patient weighs exactly 9 st.

* Specific gravity 1008; albumen 1-8th; chlorides abundant; phosphatic.
† Specific gravity 1010; no sugar; albumen 1-6th.
‡ Acid; specific gravity 1010; albumen 1-10th.

These cases are interesting as showing the use of jaborandi in a disorder well known to be intractable. The action of the drug on the skin (probably through the nerve-centres) was well marked; the salivary glands were less influenced.

Edinburgh.

ON THE

TREATMENT OF HERNIA BY INVERSION.

BY J. H. THORNTON, M.B., B.A.,

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THIS mode of treatment, though mentioned in most surgical works, has never, so far as I know, been considered on its own merits, but merely as an aid to the taxis and the other measures usually employed in the reduction of hernia. My object in this paper is to draw attention to the efficacy of inversion alone, not only in reducible hernia, but also in many cases where the rupture has become strangulated, and to suggest that a fair trial should be given to a plan of treatment which possesses so many advantages and is attended by so little risk.

The treatment of hernia by inversion consists in placing the patient in such a position as to bring the force of gravity into play to reduce the rupture. This may easily be effected by raising the foot of the patient's bed, and keeping it supported it an angle of 45°. In this posture the intestines naturally gravitate towards the upper part of the abdominal cavity, and gradually draw in the ruptured portion. It is evident, from the nature of the case, that a force acting gradually and equally from within the abdomen must be far safer and more effectual than any pressure applied externally. The use of the taxis, however carefully applied, must almost always involve some bruising of the parts, which would have an injurious effect should the attempts at reduction be unsuccessful and an operation become necessary. Sometimes violent manual pressure is

employed by the patient and his friends in repeated fruitless efforts to reduce the hernia, and in such cases very serious results are likely to ensue. Contusion of the tissues, extravasation of blood, congestion, inflammation, and even gangrene of the ruptured bowel may result from violent, protracted, and ill-applied manipulation. The various other measures sometimes resorted to, such as bleeding, the inhalation of chloroform, hot baths, purgatives, enemata, cold, &c., are all liable to the objections that they are uncertain in their operation, not suited to every case, and often attended with risk. The advantages of inversion over all these modes of treatment are, that it is generally effectual, absolutely safe, and universally applicable. It can be used by any person, at any time, and in any place; and should it prove unsuccessful in effecting reduction (which will rarely be the case unless adhesions have formed) the patient is in a more favourable condition for the performance of the necessary operation than he would be after the employment of the other methods. The following case illustrates the efficacy of this mode of treatment.

A man named Dhoree, aged forty-two, was admitted into the Charitable Dispensary at Arrah on Dec. 4th, 1873, with strangulated hernia (oblique inguinal, right side). The rupture had frequently appeared before, and he had been able to return it without difficulty. On this occasion, however, he was unable to do so; and his friends, who made repeated attempts to reduce the hernia, were equally unsuccessful. The result of their interference was that severe pain set in during the night, and, finding him getting worse, they brought him to the dispensary early in the morning. The assistant-surgeon saw him, and endeavoured to reduce the rupture by the taxis, with the assistance of chloroform; but his efforts were unsuccessful. I saw the patient at 9 A.M. about thirty hours after the appearance of the rupture. He was in great pain and distress, the bowels had not acted since the hernia appeared, there was much prostration, and hiccough and vomiting had already set in. I ordered the foot of his bed to be raised and supported at an angle of 45°, and I directed that he should be allowed to remain in that posture, and that no further attempts should be made to return the rupture. The result was that in about twenty minutes the hernia disappeared, reduction having taken place spontaneously. The patient speedily recovered. In this case the taxis, aided by chloroform, had failed, urgent symptoms had set in, and inversion was tried as a last resource, failing which an operation must have been performed to save the life of the patient. The success of the treatment by inversion under such circumstances is a satisfactory proof of its value, and shows that it might be advantageously employed in most cases of strangulated hernia, before resorting to an operation.

Arrah, Shahabad, Bengal.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

CALCULUS IN A GIRL THREE YEARS OF AGE.

(Under the care of Mr. HOLDEN.)

FOR the notes of the following interesting case we are indebted to Mr. James Shuter, house-surgeon.

The patient, a girl aged three years, was admitted on June 2nd. She was of fair complexion, well nourished, and a native of London. She was fed at the breast until eighteen months old, since which she has had very little milk, but some beer nearly every day.

The only points of importance observed previous to admission were that (1) during the past nine months she had been noticed to cry during micturition, and to put her hands between her legs to scratch or rub herself; and that (2) her urine had been occasionally thick.

On June 10th a consultation of the surgical staff was held, and a calculus was easily felt with a sound. Opinions were much divided as to what operation should be performed, but the majority were in favour of removal through the vagina. One recommended the suprapubic operation.

On June 18th Mr. Holden examined her under chloroform, and, passing a sound into the bladder, directly felt and heard the stone; it was also felt through the rectum, its size being found to be about half an inch long and its shape ovoid.

July 2nd.—Since admission the patient has passed urine about every half-hour, giving no other notice than always crying; this was often accompanied by much straining, and by the passage of a little motion, apparently on that account. She has frequently had a pricking pain come on suddenly between the legs and at the lower part of the abdomen when she did not pass any urine. The urine is sometimes rather thick with mucus. There has been no prolapsus nor record of blood in the urine since admission. The pain has always been relieved by hot baths.

10th.—Patient being under chloroform, Mr. Holden passed his finger into the vagina and a small pair of dressing forceps into the bladder. He then seized the stone, passed a director into the urethra above the forceps, and cut through the anterior upper two-thirds of the urethra, and then, dilating the posterior third, removed the calculus in four pieces, as it happened to break under the pressure of the forceps. Its weight proved to be 23 grs., its long diameter being ¾ in., and its short diameter ½ in. In the evening she cried very much during the passage of urine, and had much pain at the seat of operation. There has been no sickness. She has been very restless since midnight. The parts are red and swollen.

11th.—7 A.M.: Has passed urine into the bath.—10.30 A.M.: Has passed three ounces of urine voluntarily, with but little manifestation of pain. The parts look quite healthy again. The temperature has once reached 100° and the pulse 120 since the operation, from which, indeed, she now seems to have fairly recovered.

12th.—Temperature 100·2°; has no incontinence of urine.

13th.—Temperature 99·4°; no incontinence of urine, but still cries a little when she passes urine.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

CASE ILLUSTRATING THE RELATION BETWIXT CERTAIN CASES OF MIGRAINE AND EPILEPSY.

(By Dr. HUGHLINGS JACKSON.)

DR. HUGHLINGS JACKSON believes that cases of migraine, and certainly those in which there are ocular phenomena with one-sided sensation disorder are (that is, according to his definition of the word epilepsy) epilepsies, for he thinks that the symptoms depend on a local excessive cerebral discharge. However, he thinks that whilst the ocular phenomena and the unilateral sensation disorder are parts of the paroxysm, the headache and vomiting are post-paroxysmal symptoms. Moreover, he believes it to be most likely that the "discharging lesion" in this epilepsy is of some parts of the cortex of the posterior lobe, that it is of convolutions, or of parts of them, which are developed out of the optic thalamus. The reason for so thinking is, that these "sensory epilepsies" bear the same relation to hemianæsthesia with hemiopia from disease of the optic thalamus, as unilaterally beginning convulsions do to the ordinary kind of hemiplegia from destruction of the corpus striatum. Dr. Latham thinks that the paroxysm of migraine is owing to arterial contraction in the region of the posterior cerebral; Dr. Liveing, that there is in the paroxysm a "nerve storm" traversing the optic thalamus and other centres. Dr. Hughlings Jackson's view as to localisation will be supposed to be a compromise betwixt these two opinions. It may here be pointed out that this localisation of the "discharging lesion" in migraine accords with an old conclusion of Dr. Jackson—viz., that the anterior part

of the cerebrum is the chiefly motor, and the posterior the chiefly sensory region. This speculation agrees with Ferrier's experiments. Dr. Jackson does not, however, suppose that the separation of motor and sensory regions is abrupt. The case which follows is mixed sensory and motory. Discharging lesions may no doubt be developed in any part of the cortex cerebri from front to back.

Whether the word epilepsy be used in the commonly accepted sense or in the novel sense, the case here reported shows the relationship of certain symptoms of migraine to epilepsy. The hemiopia is especially interesting.

Colour development is not an uncommon precursory symptom in cases of epileptiform or epileptic seizures. It is common in migraine. In this girl's case, if her memory serves her, the colours began on the side which does not correspond to the side convulsed; one reason for thinking her account erroneous is that the transitory hemiopia was leftsided (field), as was the convulsion at its onset.

M. B——, aged sixteen, consulted Dr. Hughlings Jackson in August, 1873, having had fits for six years. She walked at the age of sixteen months, and talked very early. It is said that she had spasmodic croup at the age of ten months. She was subject to attacks every winter until the age of thirteen. An attack would come on about ten o'clock at night, and last for two hours, when vomiting and relief came. What the real nature of this illness may have been is matter of doubt; the mother said the girl made a noise like croup, and imitated the noise of laryngismus stridulus very closely. At the age of three years it seems clear that she had a bad attack of jaundice; she was, her mother averred, delirious and insensible for two or three weeks. She had never had scarlet fever nor rheumatic fever; she had had measles, chicken-pox, and whooping-cough. No facts bearing on hereditary tendency to any kind of nervous affection were obtained.

She seemed to be in good health. She had begun to menstruate at the age of twelve and a half years, and for the last twelve months the catamenia had been regular. There was no heart disease; there was no ear affection, nor had there been any. She had threadworms.

It is interesting to note that there was a clear account of gradual development of her seizures. She had at first attacks of coloured vision only for some months before anything further. There is circumstantial evidence of this. Her mother thought the child was bilious, and waited until her holidays began to give her physic. Further evidence that these mere attacks of coloured vision were really rudimentary or incipient fits was that later on she occasionally had these attacks, sometimes followed by convulsions, sometimes not. As she says, "if the colours do not leave, the fit comes on." After having several attacks of coloured vision only, she would have a severe fit. The colour began suddenly. There were red and green. The red comes first and the green was underneath the red. The background was black and the colours moved fast. Her mother said the girl always *looked to the left* when the colour appeared. This is significant, because "when the colours do not go away," and when the full fit comes, the head turns to the *left*, the *left* hand shakes, the arm works; there is *left*-sided convulsion. Later there is convulsion of the right side, and she is unconscious; occasionally there is tongue-biting. But here is to be stated further evidence as to gradual development of the fits. For some years she did not lose consciousness; the strong presumption is that at that time the convulsion did not pass beyond the left side, the side first convulsed; moreover, in some seizures, when she was under Dr. Hughlings Jackson's care, she did not lose consciousness, even when the fit was so severe that the left arm was invaded.

She is certain that the colour began in the *right* side of her field of vision, and spread to the left. Moreover, some years before—no accurate date could be given—she had transitory hemiopia before the fits, but never immediately before. She might, for example, see "half a face" at breakfast-time, and have a fit in the evening, but then in the interval the "colours would keep coming and going." According to the mother, the child could see to the right when hemiopic—that is, the left was the blind field. On one occasion she, over a period of a few days, occasionally saw on the left side an object of about the shape and size of an octavo page, dotted all over with rounded dots closely set. This was, she said, "instead of the colours."

ROYAL INFIRMARY, EDINBURGH.

CASE OF EXTENSIVE BURNS OF LOWER EXTREMITIES; RECOVERY.

(Under the care of Mr. JOSEPH BELL.)

FOR the notes of the following case we are indebted to Mr. Holland J. Cotton, late house-surgeon.

James M——, aged thirty-four, was admitted Nov. 28th, 1874, suffering from very extensive burns on the legs, which he had sustained ten days previously (along with a fellow-workman, to whom the injuries rapidly proved fatal), by falling into boiling oil. The patient was very haggard, and like a man of fifty in appearance, complaining of no pain and seeming semi-comatose. Mr. Bell found the right leg burnt all round, from the instep to the middle of the thigh; the left burnt over the instep and ankle, and all round at the knee, with intermediate large patches where the cuticle was destroyed. Large fetid sloughs were still hanging to the limbs, and on clipping off these a vast raw surface appeared, in which the cutis vera seemed altogether destroyed. Both limbs were enveloped in lint, spread with zinc ointment, as sufficient boracic ointment, from its difficulty of preparation, was not forthcoming. A very unfavourable prognosis was given, but stimulants were ordered to be administered freely, and as much nourishment as possible. At night he was delirious, and at one time sprang out of bed and rushed into the corridor, where he fell down, his legs all this time bleeding profusely. The next day he seemed worse, and Mr. Bell, though much inclined to amputate the right leg at the upper third of the thigh, finally decided not to do so, thinking that he was not in a fit state for operation, and hoping that, if he did rally, the cutis might prove not to be so wholly destroyed as it appeared. The limbs were in a very peculiar condition, being covered with a layer of very fetid matter, but no healthy pus forming. He complained of little or no pain when they were dressed, which further seemed to indicate that the whole thickness of the cutis vera must be destroyed. The amount of stimulants and food was increased, whilst full doses of nepenthe at night were found to be the best to procure sleep. The next few days he remained in a most critical condition, bleeding occurring two or three times from the bowels, and delirium returning occasionally at night; but, on the whole, he seemed to be improving, his appetite being especially good. A week later he was out of danger, and the limbs began to look more hopeful, a healthy granulating surface having appeared, and a copious formation of laudable pus being established, whilst here and there islands of skin began to appear, more especially on the left leg.

The next three weeks were marked by rapid progress, the patient's appearance improving daily, looking at least ten years younger than on admission. His appetite was ravenous, and he seemed to be gaining flesh steadily. The left leg went on healing rapidly along the healthy edges, but the right still remained a vast suppurating surface, although the islands of cutis that had appeared increased daily in size. It still seemed as if sufficient skin could not be formed, and that extensive skin-grafting would have to be resorted to, but in a month or more the left leg had healed completely, and the right was skinning slowly over. No other dressing was used in this case but zinc ointment until about this time, when stimulating lotions had to be used, in order to check the granulations which became exuberant and weak, after which healing progressed so satisfactorily that skin-grafting was not resorted to. The patient found great difficulty in bending his knees or extending his feet from the extraordinary amount of contraction and cicatrisation which had occurred, but he became stout and strong (when allowed to take a little daily exercise), and was finally dismissed on April 1st with both his legs healed up, and able to walk very well with the help of a stick.

IN the Punjab small-pox is again prevalent; nearly 600 deaths were registered in one week from that disease. Peshawur has suffered heavily, the inhabitants of the city having a strong prejudice against vaccination—a prejudice not shared in by the Mussulman population of other portions of the province. The total death-rate in one town lately reached the enormous figure of 70 per 1000 annually.

Reviews and Notices of Books.

Lectures on Diseases of the Respiratory Organs, Heart, and Kidneys. By ALFRED L. LOOMIS, M.D., Professor of Pathology and Practical Medicine in the University of New York. pp. 549. New York: W. Wood and Co. London: Sampson Low, Marston, and Searle. 1875.

THE publication of this work, as of so many others that have recently appeared in the United States, testifies to the growing importance and originality of the medical literature of that country. A few years ago the publishers of New York and Philadelphia supplied little else than reissues of English works, and translations (many of them highly creditable and valuable) of important French and German writings; while the number of truly indigenous productions was indeed small. Now, however, our Transatlantic brethren are showing, by their vigorous and frequent contributions to medical science, that they can claim worthy place among standard authors.

The present work does not, however, profess to be original. It consists of more than forty lectures of a course on Systematic Medicine, which, the author tells us in the preface, "are offered as they were phonographically reported" at the time of delivery. They thus form a valuable text-book of the important diseases of which they treat, and as such they must be regarded, rather than as original memoirs. Viewed, then, from this standpoint, the book takes a very high rank among educational treatises, while at the same time it abounds in much original matter, especially as regards practice; and it affords, on the whole, an admirable example of a clear and concise exposition of the present state of knowledge in this department of medicine.

It will be enough if we here confine ourselves to noticing some of the more salient features of the work, since it would be impossible for us, within proper limits, to follow the author through the wide range of affections that he here discusses. We may note at the outset that, of all drugs, Dr. Loomis seems to have most faith in quinine, chiefly on account of its antipyretic powers. But he gives it also on other grounds, since he considers it most efficacious in acute catarrhal laryngitis in large doses—namely, as much as twenty grains a day to a child three years of age. Indeed, he is, happily (for in this sceptical age such faith is sadly needed), a great believer in the efficacy of drugs, of which he does not stint the dose; and at times we find him going counter to time-honoured prejudices in regard to the freedom of their administration, as will be seen later on, but never, be it said, without fully justifying his course of action.

In a book which is in the main characterised by clearness of thought and diction, it is somewhat lamentable to find in one chapter considerable ambiguity. Thus, in the lecture on Acute Croupous Laryngitis, the author shows that he, at least, is no convert to the doctrine of the identity of croup and diphtheria, while yet his very description of the former makes it difficult for the reader to know where the line between these affections is to be drawn; a difficulty which is not removed when he turns to read what is written concerning their differential diagnosis. Thus, Dr. Loomis says that acute croupous laryngitis attacks chiefly delicate, weakly, ill-nourished children, rather than strong, healthy ones, and that it sometimes "complicates diphtheria." The first of these statements is directly contravened by many authorities in this country, while the second makes the complication more complicated, and adds to the confusion of the reader. But he further says that "very frequently membranous pharyngitis precedes and accompanies croupous laryngitis" (p. 17); and again that "the most important fact connected with its clinical history is that in a large proportion of cases, before the urgent symptoms come on, the membranous exudation can be seen on the tonsils. In nine cases out of ten, the membrane is first formed on the tonsils, or in their immediate vicinity; when seen, the diagnosis is established before the urgent symptoms are developed" (p. 19). Then, acknowledging that diphtheria involving the larynx may be mistaken for croup, he says the distinctions are based upon the epidemic or contagious history of diphtheria; the constitutional symptoms preceding the throat symptoms, the enlargement of the glands at the angle of the jaw, and the laryngeal symptoms in diphtheria not being urgent; finally adding that the pharynx presents diphtheritic appearances before any laryngeal symptoms are present—a statement almost stultified by the preceding description of the onset of croup. Verily, what with "croupous pharyngitis" and "diphtheritic laryngitis," it would seem that the clinical features of these two affections are as indistinguishable as their anatomical. But this is not the time or place to discuss this still burning question, which involves so many articles of faith in medicine, and we gladly pass from it to other portions of the volume before us.

The subjects of neurotic affections of the larynx, asthma, whooping-cough, emphysema, and bronchitis, are ably treated. Then follows an admirable account of Pneumonia, lobar and lobular, the morbid anatomy of which, as indeed of all the diseases discussed in the book, is fully detailed. The author makes the somewhat startling statement, that *idiopathic* pneumonia is rare, and endeavours to show that in the vast majority of cases there is some inherent tendency to pulmonary disorder, even where the attack is to be attributed to exposure to cold. His remarks on treatment are sound and judicious. Bleeding he deprecates, even in the most sthenic forms, as tending to retard convalescence and to increase the subsequent dangers of the disease; it should only be resorted to when there is engorgement of the heart and evidence of sudden pulmonary congestion and œdema. He also deprecates any routine treatment, and strongly upholds the administration of quinine in large doses as a means of shortening the febrile stage and hastening resolution.

His remarks upon the indications for the performance of paracentesis in pleurisy with effusion, and the details of the operation, are well worthy of note. He advocates early aspiration, and the cessation of the operation as soon as any feeling of discomfort is experienced by the patient, even though this may necessitate a second tapping in a few days' time; the like rules governing the operation in empyema, where he advises repeated tappings at frequent intervals. Free opening into the pleura in empyema is discountenanced unless the purulent accumulation be too great to admit of its removal by the aspirator, save at too frequent intervals, or unless it depend upon the pyæmic state.

Perhaps, however, the best chapters in the book are those devoted to Phthisis, which from its anatomical side is one of the most difficult subjects to treat in these days of advanced histological research. Although inclining to the belief that tubercle is simply of inflammatory nature, the author thinks all the varieties of phthisis may be fairly included under the three heads of catarrhal, fibrous, and tubercular, each of which may be mingled with the other. The chief form is the catarrhal, and its main distinctive feature is its origin in bronchitis; while from the side of morbid anatomy peribronchitis is the most constant feature of each of the groups. From a description of the morbid anatomy of these forms of phthisis he passes to discuss their etiology, which he divides into general and local. Under the head of general causes he classes heredity or acquired feebleness of constitution, anti-hygienic influences,

and climate; under local, bronchitis, pneumonia and pleurisy, and mechanical irritants. One passage from the first of these heads is worth quoting:—

"Let a healthy child, during its infancy and early childhood, be subjected to the influences of small, badly-ventilated apartments, improper diet, and all the other attendant anti-hygienic influences of the tenement-house population of great cities, and it will become an enfeebled child, so that if it reaches the years of maturity it has stamped upon it a vice of constitution which is ready upon local excitement to develop pulmonary phthisis. Among the lower classes, almost the entire population of this city is stamped with this influence, and whether hereditary tendency, in the common acceptation of that term, is or is not present in this class of persons, they are exceedingly liable to the development of phthisis."—p. 228.

The symptoms of phthisis are then treated *seriatim*, together with the physical signs, the differential diagnosis between the disease in its different forms and allied affections terminating its clinical history. Under the head of Treatment there is much judicious advice. Again quinine is held to be of the greatest value, especially when there is much fever, and given in full doses at the times of febrile exacerbation. Opium, as a means of allaying cough, should be deferred as long as possible, on account of the digestive derangement following its use; and for the vomiting of phthisis, small quantities of raw scraped beef, taken in a sandwich at frequent intervals for forty-eight hours, is held to be the best remedy. After dealing with hygienic treatment, he passes to the question of climate, dwelling upon the various resorts in the American continent specially suitable for the residence of consumptives.

We must pass over the next section of the book—that on Diseases of the Heart, with the remark that all cardiac affections are here dealt with, the chapters on valvular disease being especially worthy of note, and conclude this notice with one of the most novel features in the book—that of the treatment of Uræmia. Digitalis is advocated as a diuretic in renal disease, because of its not possessing any irritant action on the kidneys, and because of its increasing the power of the heart; as much as half an ounce of the infusion being given every three hours for twenty-four hours, or until a specific effect follows. Dr. Loomis then inquires how it may be possible to reopen the "avenues of elimination" which have been closed by the circulation of the uræmic poison in the blood. This, he thinks, is to be done by "diminishing reflex sensibility and subduing spasmodic muscular paroxysms." Chloroform inhalation has been tried, and in puerperal eclampsia with success; but there are objections to its use, since it leads to new blood changes, which are detrimental to the object in view. Such objections are not to be found in morphia, and (heterodox as it is) he states that he has followed the plan of hypodermic injections of morphia in uræmia with marked success for the last seven years.

His conclusions we give in his own words:—

"1st. That morphine can be administered hypodermically to some if not to all patients with acute uræmia without endangering life.

"2nd. That the almost uniform effect of morphine so administered is, first, to arrest muscular spasms by counteracting the effect of the uræmic poison on the nerve-centres; second, to establish profuse diaphoresis; third, to facilitate the action of cathartics and diuretics, especially the diuretic action of digitalis. . . . The rules which are to govern its administration are as yet not well defined. My own experience would teach me to give small doses at first, not to exceed ten minims. If convulsions threaten, and a small dose does not arrest the muscular spasms, it may be increased to twenty minims, and the hypodermics may be repeated as often as every two hours. It must be given in sufficient quantities to control convulsions; neither the contraction of the pupils nor the number of the respirations is a reliable guide to its administration." (p. 452.)

It is to be regretted that Dr. Loomis does not tell us what is the strength of the solution of morphia he employs. If it be that usually employed in this country (one grain in six minims), then ten minims would be nearly two grains of morphia, by no means a *small* dose. The treatment is heroic to a degree, especially as the ordinary signs of narcotism are to be disregarded. And yet he has not known a case in which death could be attributed to the narcotism produced by these measures. If Dr. Loomis be right, he will have a hard battle to fight before he makes many converts, for if any "prejudice" in therapeutics be deeply rooted it is this—that opium is contra-indicated in renal disease.

We have dwelt chiefly upon what was novel in this work, the style and character of which are deserving of all praise; and if we have left much of it untouched, it is not because there is not valuable enough matter in it, but rather that our readers may go and seek it for themselves in pages which will well repay perusal and careful study.

THE NATIONAL NURSING ASSOCIATION.

The Report of the Sub-Committee of Reference and Inquiry recently issued is without doubt the most complete and most categorical *résumé* of the entire subject that has as yet been given to the public. We have seldom perused a more able or more exhaustive treatise, and though, as we remarked before, the promoters of the Association "aim high," the class of helping hands when found and trained ought to be invaluable in this country as a direct means of restoring to health and alleviating suffering, and so averting much of the preventable misery that exists in our towns and cities.

More than nine months have been occupied in obtaining and collecting the materials for the Report, and it is proper in this place to record that the chairman, Mr. Rathbone, M.P., has liberally defrayed the entire expenses in connexion with its publication. A map is appended to the Report, which gives at a glance the ecclesiastical districts into which the metropolis is divided, and enables the reader to see the extent of district nursing done in them by both trained and untrained nurses. The poorest and most suffering districts, the name and address, the nature and professed character of the work by every nursing or nurse-training institution in the capital, are all given in detail, and in many instances the results of their experience. The clergy and medical officers of each and every district have been consulted, resulting in much information and many valuable suggestions. "The counsels of Miss Nightingale, the experience of Dr. Sibson and Dr. Sieveking, and the knowledge acquired by the secretary of the Nightingale Fund, have contributed mainly to systematise and direct the conclusions to be drawn from the array of statistical and personal testimony obtained by Mr. Guyton (the secretary), and the results of Miss Lees' close and careful visitation of hospitals and districts." After calling attention to the value of nursing, the want felt by all classes of better nurses, the necessity that nurses should be trained, the vast demand and the very limited supply, and the fallacy, practically speaking, of amateur nursing, the necessity of training schools is insisted upon in detail. In all the best training schools for nurses the subjects in which a nurse is expected to become skilful have been copied from the rules originally drawn up for the use of probationers in the Nightingale School attached to St. Thomas's Hospital. And here commences an assertion oft repeated in the report, to the effect that very few, if any, hospitals are so constructed and administered as to afford a good and whole-

some field for the proper instruction and training of nurses. A great deal (and, as we think, too much) is recorded as to the present inefficient structural and administrative arrangements that obtain in the metropolitan hospitals, as to actual or implied immorality in some institutions resulting from a laxity in rules that govern the work and attendance of nurses and students, and as to the impossibility of training nurses properly under such circumstances. This by the way. "Hospital training means careful discipline and drill" as well as to "do dressings" and know how to employ surgical appliances. An efficient teaching staff, under the direction of a head competent both to teach and to control, is primarily required, and with a staff of women teachers and pupils this head must necessarily be *matron* of a hospital, independent, according to the opinion of Miss Nightingale, on the score of discipline of the medical officer or governor of the hospital. Twelve months is the time fixed by the Nightingale trustees and the promoters of the Liverpool Nursing Association as necessary to qualify a woman of average intelligence and fitness. The adoption of nursing as a profession by ladies is urged, because great need exists for a certain number of superior superintendents in dealing with district nurses among the poor. And this leads to the consideration that a higher and more thorough training than that required by hospital nurses may be necessary in private nursing even among the rich. A far greater amount of theoretical knowledge is required for out-door work, for in the carrying out of purely hospital duties, the nurse has always, as it were, at her elbow the house-physician or surgeon, means and appliances of all kinds, linen, water, and all other clinical necessaries in abundance; whereas at the best appointed private house some of these requisites are wanting. The evidence of many well-known hospital physicians and health officers is quoted to show the value of district nursing, and the great demand for it. The Liverpool Training-school and Home for Nurses, which has been at work for thirteen years, shows an enormous amount of useful labour accomplished, and the same may be said of a similar establishment at Derby, which is described as "in pure nursing the most successful in its results." It appears that the Bible-women nurses, bodies of whom are employed in the eastern districts of London, are insufficiently trained, being taught to regard their nursing duties as subordinate to spiritual objects. There is, too, in these cases no regular communication of any kind between the doctor and the nurse, the latter not taking charge of acute or infectious, but only of chronic cases. As to the actual nursing in London at the present time, it appears that in district work there are about one hundred nurses engaged (and this among a population of three millions and a half), one-third of whom can hardly be said to be trained at all. One-half of the entire number consist of the Bible-women nurses above referred to, who receive three months' instruction of a more or less perfunctory nature in a general, and one in a lying-in hospital. Of the various sisterhoods working on a comparatively small scale, none of the nurses are considered to have received a proper amount or style of training, though their devotion to duty is beyond all praise. In discussing the best mode of compassing the professional training of nurses, the report cites that two courses appear to be open to the Association. It might establish a training school of its own in connexion with some London hospital, obtaining, by arrangement with the hospital authorities, the general control of the nursing and assistance in the education of probationers. Or it might simply obtain leave to send so many pupils into a certain number of hospitals, under these existing arrangements foregoing all responsibility for the method, and losing much of the control over the results of the teaching, but securing a regular supply of nurses trained up to the standard at present attained in the several hospitals. From the view of the Committee the former plan would of course be preferred. Reasons (somewhat, as we think, exaggerated) are given why the present hospitals in the metropolis are unfit as training schools; and it would appear, moreover, that the Middlesex, the London, St. George's, University College, King's, Westminster, and St. Thomas's are at present fully occupied with the demand made upon them. Unity of control is most strongly insisted upon, as well as the principle that the head of the training school should be also matron of the hospital, with full and sole power over the engagement, dismissal, and discipline of nurses and probationers, the hospital authorities controlling the nursing through the matron, and holding her responsible for its efficiency.

It remains to be seen whether the Association will succeed in affiliating its proposed training establishment to one of our large metropolitan institutions, or whether (as we think probable, at all events at the outset) arrangements will be made with some of the hospitals, so that when a sufficiency of trained nurses is obtained, a model district Nurses' Home, under the charge of a trained superintendent, may be established.

There are no less than twelve valuable appendices to the Report, which we are compelled to reserve for a separate notice. The Association will have our hearty support in aiming "to establish a standard for district nurses and nursing which may be applied by the Association not to London only, but eventually to all England."

ANNUAL REPORT OF THE LOCAL GOVERNMENT BOARD, IRELAND.

THIS, the third Report of the Local Government Board, shows that the average daily number of persons receiving relief in workhouses in Ireland for 1874–75 amounted to 47,113, whilst 30,319 obtained out-door relief, being a slight increase in both forms over that of the preceding year. The dispensary tickets issued during the twelve months were 501,027, and the visiting tickets 186,138, making a total of 687,165; whilst 139,587 people were vaccinated, and certificates given in the case of 953 dangerous lunatics. Among the patients visited were 14,424 cases of fever, 7413 of scarlatina, and 961 of small-pox. This last disease has not yet been thoroughly stamped out, no less than 142 deaths from this malady having taken place in the workhouses alone. Inoculation still continues to a considerable extent, and vaccination has decreased, but the Board indulge the hope that the greatly improved machinery for the prevention of disease provided by the Public Health Act will have the effect of inducing the sanitary authorities to exert themselves zealously and perseveringly in the performance of their duties in this respect generally, and especially for the suppression of small-pox.

But four additional midwives have been appointed since last Report, and the Board draw attention to this matter, stating that where educated midwives have not been appointed, the wives of the poor peasantry at their confinement have recourse to the assistance of some neighbouring matron or woman calling herself a midwife, who seldom possesses sufficient knowledge of midwifery to be able to say when some obstruction to the birth, admitting of easy remedy by the accoucheur, has occurred, or when the case is of such a kind that the unaided efforts of nature cannot accomplish the delivery. In cases of the former description the patients are often exposed to needlessly prolonged and severe suffering, and in those of the latter, besides similar useless suffering, the lives of both mother and child are in extreme danger by the exhaustion of the patient before manifestly approaching death warns her friends to call in the aid of a doctor. The total disbursement of poor-rates for relief, medical relief, burial-grounds, registration of births, deaths, and marriages, sanitary measures, and expenses under Superannuation Acts, was £1,001,989, or 1s. 6d. in the pound.

MEDICAL CONGRESS OF ANDALUSIA.—This Congress will take place in Seville from the 7th to the 13th of November, 1875, and will last a week. The office-bearers have already been chosen, and a list of them is given in the *Anfiteatro Anatomico Espanol* of the 30th of June. The nature of the subjects is as follows:—First day: Opening meeting—Medicine. Second day: Surgery. Third day: Hygiene, Physiology. Fourth day: Insanity, Forensic Medicine. Fifth day: Opthalmology, Dermatology, and Syphilis. Sixth day: Therapeutics and Medical Hydrology. Seventh day: Anthropology and subjects chosen by the members.

THE LANCET.

LONDON: SATURDAY, AUGUST 14, 1875.

THE correspondence in our columns on the relative merits of chloroform and ether as general anæsthetics indicates the deep interest the profession takes in the subject at this moment. Our object has been, and will be, to give free scope to the expression of capable opinion and full scope to the communication of knowledge. We repeat again, what we have often stated, the expression of our belief that ether is the safer of the two anæsthetics. In this respect we differ in degree only from what was said in our last impression by Mr. POLLOCK, Mr. BRUDENELL CARTER, and Mr. WARRINGTON HAWARD. At the same time, we are forced to the conclusion that there are wanting many more facts and a prolonged inquiry before it would be safe for anyone to affirm that nine-tenths, nay, probably nineteen-twentieths, of the profession throughout the world are doing wrong in not dismissing chloroform altogether, and returning to the exclusive use of ether. Before such a conclusion can be correctly affirmed, it must be shown, first, that ether is *absolutely* safe; and, secondly, that it is so much safer than chloroform, and the other rapidly acting members of the chlorides of the methyl series, that the disadvantages under which it labours are amply compensated by the greater security it confers. Unless ether can stand these tests of its superiority, it will be a second time discarded, notwithstanding the advice and instruction of those who are at present so enthusiastic in its favour, should it even again assume its position as the anæsthetic of the day.

Measured by this rule, from the experience of it that now exists, it certainly does not hold the place that has been claimed for it. To say its administration is absolutely free from danger is to make a case in opposition to evidence. We have ourselves, in conducting relative experiments with ether, chloroform, methylene bichloride, and other anæsthetic vapours, seen animals die as suddenly under ether as under the other vapours. Moreover, it is vain to deny that the human subject has died during the administration of ether, and as a result of the administration. No one can read candidly the particulars of the death of a patient on September 11th at the Hôtel Dieu, Lyons, without being convinced that the death was from ether; if that case is to be disputed, every death from a chloride may be equally disputed, and we may affirm that death during an operation under an anæsthetic is always from the operation or always from the anæsthesia, and never from the anæsthetic. The death at Southampton in 1873 seems to us, so far as the report of the facts testifies, to have been equally clear in relation to its cause. The death at the Cancer Hospital was primarily a collapse from the inhalation of ether, and, although in that instance it is fair to argue that life would have been restored if there had not been an escape of blood into the trachea, the argument, after all, is but an excuse which, applied to chloroform, would not, in the present mood of the opponents of that agent, be so readily admitted. In the early days of etherisation it was, moreover, believed that some secondary dangers from ether were not to be slighted. Mr. ROBINSON, of Gower-street, on one occasion administered ether for the operation of amputation of a lower limb, and the patient, an elderly man, never recovered the narcotism, but remained semi-conscious and restless until his death some hours afterwards. Sir JOHN FORBES, in his famous article on the Discovery of Anæsthesia, expressed his conviction that the patient died of surgical shock, and, if we remember rightly, he quoted TRAVERS on the symptoms of shock in support of his assertion. But unfortunately, Mr. ROBINSON, the administrator of the ether, did not share in this opinion. We knew him well, and his view was that the patient never recovered from the narcotism, but that he died as if he had taken opium, or had received concussion of the brain. ROBINSON, indeed, who was the first administrator of ether in England, and who was most practised in the matter of its administration, was soon so alive to danger from it that he invented an oxygen apparatus for restoring those whose lives were in jeopardy from its inhalation.

There remains the second position to which we have referred—How much safer is ether than chloroform? This question, we venture to think, can only be answered when ether has had twenty-five years of trial in every respect equal to that which has been given to chloroform. Mr. CARTER speaks of the colossal experience by our American brethren of the use of ether; but our American brethren have also had a colossal experience of the use of chloroform, and it is remarkable how small has been their experience of death from that agent. During the great war of the rebellion the surgeons of the armies, North and South, used chloroform as the leading anæsthetic. How many deaths can be adduced as from the agent in that colossal experience? At the close of the war one small metal chloroform inhaler, with nostril tubes, was brought to this country, which inhaler had been used many thousand times without a death from its employment. In the Franco-German war chloroform was the agent used most as an anæsthetic; in the Crimean campaigns it was the agent of all the armies — French, English, Russian, Turkish, — and the deaths from it were so slight that they cannot be adduced now as argument against it. We do not say this to defend chloroform, but to prove how futile it is at this time to assume a comparison from the present experience of the relative safety of chloroform and ether. It is true that Dr. ANDREWS gives a mortality of 4 deaths in 22,815 from ether, or rather more than 1 in 23,000, as Mr. POLLOCK states. But these figures are by no means satisfactory: they represent little more than the whole mortality from ether from the whole administration of it, and they are therefore based on far too limited a scale to be trustworthy. In some instances chloroform has been administered for a great many thousand times in one place or by one person without a death, and if a few such examples only were put together, as low a mortality might be assigned in relation to it. But when such figures are multiplied and repeated over long tracts of years the re-

sults vary so greatly that the first series of facts in no way answer the question that has to be decided. We mean by this that if four persons die from ether out of one number of ninety-two thousand, that is no evidence that the same number only will die out of the next number of ninety-two thousand. Against the tables of Dr. ANDREWS there is also, as we conceive, this further error, that they exclude all deaths from ether that occurred during its administration, except it is stated that the death was owing to the action of the agent, while in the statistics relating to chloroform death occurring during the administration is in every case set down, if we do not mistake, as due to the administration. There is therefore a necessity for new research on deaths from anæsthetics of every kind in order to ascertain how much evil must be attributed in each case to the condition of the patient, the operation, and the anæsthetic.

We have said enough to indicate that a great deal has yet to be learned on the whole subject of anæsthesia, general and local. We have already in previous numbers of THE LANCET reported on the history of anæsthetic discovery; and we have arranged to present in future numbers a comprehensive report, experimental and practical, on the whole question. We leave the argument at present as it stands for such modification as labour and research may supply, reserving to ourselves the privilege of commenting, from time to time, on the progress, general and local, that comes to light from every independent and trustworthy source.

INASMUCH as the ministerial whitebait dinner was eaten on Wednesday, and Palace-yard is now deserted, it is a duty owing to our constituents to place in review the doings and events of an expiring session of Parliament, so far as they interest or affect the readers of THE LANCET. All possible materials are at our elbow, for the annual gathering has occurred and the annual speeches have been made at the Mansion House, at which hospitable establishment the Prime Minister, with accustomed post prandial felicity, congratulated his host and the assembled guests on the work that Parliament had achieved. Mr. DISRAELI told how he and his colleagues had redeemed their pledges to the country, and, as a skilled tactician, did the business marvellously well. But let us see what, in sober truth, has been done at Westminster during the past six months.

A Public Health Bill has been introduced by the President of the Local Government Board, which was avowedly one almost exclusively of consolidation. The only new clauses were those that will, as it is believed, enable the authorities in one district to take action as to nuisances that arise in a neighbouring sanitary area. The want of some such provision has been specially felt with respect to certain noxious factories on the banks of the Thames, but the provisions included in the Bill are obviously insufficient, unless an extension of the terms of the Alkali Act is also made. There can be no doubt that this last consolidating Act will do much to simplify sanitary work, render it fairly comprehensible to the executive in urban, rural, and port sanitary districts, and show at the same time how much further legislative action is required in order to render the existing statutes workable and efficient.

The Artisans' Dwellings Act is, doubtless, in a sanitary, social, as well as political sense, the measure *par excellence* of the session. The fact, long acknowledged, that many cities and boroughs in England are so built and so densely populated that the buildings contained therein "are unfit for human habitation, and fevers and diseases are constantly generated there, causing death and loss of health," is, in the preamble of the Bill, a recital of evil sufficient to claim a remedy. The Act, which became law about a fortnight ago, applies to the City of London and the metropolis, and to urban sanitary districts in England and Ireland containing a population of twenty-five thousand and upwards, the authorities for carrying out the provisions of the Act being the Commissioners of Sewers (for the City), the Metropolitan Board of Works, and the respective urban sanitary authorities. Powers are given to deal with unhealthy areas, the medical officers of health initiating the reforms by representation to the local authority. We noted in THE LANCET of last week that the Holborn District Board of Works and the Corporation of Liverpool have already commenced operations under the Act, the effect of which will be (if its provisions are judiciously exercised) to improve to a vast extent the sanitary condition of the metropolis and of all large towns throughout the kingdom. We may remark incidentally that, as by the 12th section of the Act the Metropolitan Board of Works are empowered for this special purpose to employ a medical officer, it would be well, at all events in the first instance, to choose this officer from Mr. SIMON's staff at the Medical Department of the Local Government Board.

It is a satisfaction to report that the College of Surgeons have, tardily enough, asked for and procured an "enabling" Act, which will give them powers to take decisive action under the Conjoint Scheme. We shall wait and watch for the result next session, because, as it appears to us, another obstacle that stopped the way to the "one portal" is now removed.

The Sale of Food and Drugs Bill has again been before Parliament, and, in accordance with the report of the Royal Commission, the Act of last year has been so mutilated that, as we may fairly say the last end has been worse than the first. It does not, however, seem to us that any special objections need be taken to nominating the authorities at Somerset House referees in all cases of antagonistic evidence, if the laboratory department is sufficiently well officered.

A Pharmacy Bill for Ireland has also passed both Houses, and will shortly become law.

The Select Committee appointed to report on the now notorious Hampstead Hospital question has decided that there is no reason why, in such a case, this particular district should claim the interference of Parliament.

The medical officers of the army are to be congratulated on the energetic way in which their grievances were put before the House by Dr. LUSH some two months ago. He remarked emphatically on the want of a healthy flow of promotion through the department, on the arbitrary manner in which officers were removed from their regiments, and

on the general uncertain position that they hold in the service.

In the "massacre of the innocents" are included the Medical Act (cleverly staved off by Lord SANDON), the Rivers Pollution Bill, and Mr. CHARLEY'S Infanticide Bill,—all of special importance to the members of our profession and to those interested in the sanitary condition of the people. Two Bills referring to Vivisection were introduced by Lord HENNIKER and Mr. LYON PLAYFAIR respectively, but were withdrawn on the appointment of a Royal Commission on the subject, the report of which Commission has not yet appeared. We cannot affect to regret, on sanitary grounds, the collapse of the Merchant Shipping Bill, because all new provisions relating to the health of seamen were in it utterly and entirely ignored. Opportunities were afforded for improving the condition of our sailors by instituting a medical inspection before signing articles, and by various other minor provisions; but, as it would appear, Mr. PLIMSOLL'S pertinacity as to unseaworthy ships has blinded the Government and the public to the existence of unseaworthy sailors. A crude and ill-considered measure, called the Mercantile Marine Hospital Service Bill was introduced into the House by Captain BEDFORD PIM, but did not reach a second reading. The same member, however, obtained an important return relative to ship surgeons, which showed a list of more than 200 unregistered practitioners serving in the mercantile marine; 8 of whom were only twenty, and 6 nineteen years of age! So much for the sanitary supervision of the Board of Trade.

In conclusion, we cannot congratulate the Government on the termination of the session. *Sanitas sanitatum, omnia sanitas*, was a very good war cry; but we were bound to expect from a Ministry that adopted it as its motto a little more energy and practical workmanship in things relating to the health, and therefore the prosperity, of the people.

WE have always maintained that one of the great uses of the British Medical Association is that it creates once a year an occasion and an audience, when and to which authoritative accounts can be given of the state of the different branches of the science of medicine, and mainly of medicine itself, as comprising a scientific investigation into all that constitutes disease and the treatment of disease. This duty in the present year was devolved with great propriety on Dr. J. WARBURTON BEGBIE. Many of the readers of his address will be disposed to think that he might have disregarded the question put by the late Sir WM. HAMILTON—Has the *practice* of medicine made a single step since HIPPOCRATES? It is true that this question was put by the illustrious professor so far back as 1832. But even then there was a certain look of ungraciousness about it. Vaccination had been discovered; chinchona and the alkaloids had been introduced into practice; and the marvellous significance of atmospheric impurities, especially in hospitals, had been indicated half a century before by Dr. CLARKE'S discovery of the remarkable effects of fresh air in abating the mortality of newly born children in the Dublin Lying-in Hospital—a discovery which is not sufficiently appreciated even in this age of hygienic medicine. LAENNEC had introduced auscultation—not, however, without candidly pointing out that he had found a passage in HIPPOCRATES which showed that he in a way used immediate auscultation. If Sir WM. HAMILTON had fully considered the significance of such discoveries as the above in the light of the unrivaled learning which he possessed, he might have framed his question in less ungracious-looking terms. Still, there was enough of antiquity about the chief parts of medical practice when Sir WILLIAM'S question was framed to make it not altogether unreasonable. The further point remains: Allowing that Sir WILLIAM'S question was not altogether unreasonable in 1832, was there any justification for Dr. BEGBIE seriously reviving it in 1875? Be this as it may, he had an easy task, and would have had a still easier one if he had not spent a large portion of his address in magnifying, not unjustly, the wisdom of HIPPOCRATES and the excellence of his practice. Most of us would have been well pleased if Dr. BEGBIE had given us more numerous illustrations of the great strides of modern medicine. But it was more magnanimous and more helpful to scientific modesty to keep before his hearers, as he did, the great merits and wonderful sagacity of HIPPOCRATES and of the men who in the various schools of Europe have kept the lamp of medicine burning during the darkness of intervening ages. Not only so. When we consider what has been done since 1832 in the way of improving the practice of medicine, we are struck with two points: first, that the curative agency or tendencies of nature are more clearly recognised; and, secondly, that where Medicine attempts to interfere, she does so with a preference for milder and less perturbative means than were in fashion up to the time of Sir WILLIAM'S question. And in both these respects there is a reversion to Hippocratic ideas. There is no part of Dr. BEGBIE'S praise of HIPPOCRATES which is more just than that in which he praises the Father of Medicine for his admirable rules for preparing fomentations for the relief of the pain of pleuritis. Of late years, fomentations and poultices have been deservedly preferred, in inflammations of the chest as in other inflammations, to blisters and irritating applications; and the due description of their merits has yet to be written.

But Dr. BEGBIE, though magnanimously enlarging on the old medicine, amply vindicates the title of modern medicine to respect. It is gratifying to know that philosophers, whatever their theoretical views of medicine, have a great practical respect for it, and readily betake themselves to those who practise it. We see no proof of abatement in any class of society in its faith in medicine coinciding with its greater ability to criticise it—not merely medicine in the abstract, but in medicines themselves. What wonderful words are those of LIVINGSTONE in which he describes his servants forsaking him and taking away his few goods and chattels, including his stock of flour—"*but the medicine chest was the sorest loss of all!* I feel as if I had now received the sentence of death like poor Bishop M'KENZIE." Medicine can bear the reproaches of philosophers when the value of its mere instruments is thus attested by a man contending with the deadly influences of Africa. Dr. BEGBIE vindicates modern medicine, not only for the means it employs, but for those it has abandoned. He rightly, though withal modestly, lauds its scientific basis in

anatomy and physiology; its particular discoveries, especially that of anæsthetics; that of the uses of particular drugs, as of bromide of potassium in epilepsy, of iodide of potassium in aneurism, of cod-liver oil in phthisis, of the value of cold as a remedy in hyperpyrexia, of the similar power of quinine, of the use of turpentine in hydatids of the lung, &c.

How just is Dr. BEGBIE'S praise of ALISON, who in his own philosophic way indicated the two lines of inquiry by following which Medicine, in his opinion, was to be improved—as it has been improved,—first, by the discovery of specifics; secondly, by investigation into the causes of disease. Since Sir WILLIAM HAMILTON'S question was put we have received the light of Dr. BRIGHT'S researches into the relation of certain palpable symptoms of debility and dropsy to disease of deep internal organs, which have done more perhaps than any other to enlarge our views of the nature of organic disease. Valuable results have been effected in the way of investigating the causes of disease, and the ways in which they are propagated, such as typhoid, phthisis, &c. This may be despised as mere progressive pathology; but it is on a knowledge of this kind that a correcter, if a more modest, system of medicine is to be based. The distinctions of continued fever might have been considered to be only pathological had the great pathological distinctions not stimulated observers to a complete differentiation, including a difference in etiology, and even in their treatment. We leave Dr. BEGBIE'S address with the assurance that the practice of medicine in 1832 had made a great step since HIPPOCRATES, and has taken very long strides since 1832. Though, alas! our ignorance is still great and our power very limited, life is on the whole longer and disease shorter, less painful and less uncontrolled, and life would be longer still and disease less frequent if men and States respected the accomplished discoveries of medicine more than they do.

WHOEVER has a competent acquaintance with the requirements of public health administration will welcome the Right Hon. LYON PLAYFAIR'S address at the opening of the Public Medicine Section of the British Medical Association in Edinburgh. Especially they will welcome his statement that what he then said respecting the vicious administration of the Public Health Laws by the Local Government Board he is prepared and proposes to sustain in his place in Parliament. Probably he is the one man alone competent to deal properly with this question in the House of Commons, and it is matter for congratulation that he has at length found time to give serious attention to the existing state of things in the administration of the Sanitary Laws. How it has come to pass that neither he nor any other member of the Legislature has before protested against that frustration of the essential objects of the sanitary legislation of 1871 and 1872 it would perhaps be idle to inquire. What considerations of ministerial or departmental etiquette or of party or of politics may have induced members of Parliament to remain silent while the whole question of public health administration was being made subsidiary to the aggrandisement of a particular section of a particular public department might be a subject of curious if not very useful speculation. But the fact will remain for the historian of the social history of the time to consider, that the Legislature having, after much delay and with no little trouble, provided for local sanitary administration on a sound technical basis—for the substitution of trained knowledge in local sanitary proceedings for the "rule of thumb" which had previously for the most part held good,—the Government Board entrusted with the supervision of the laws thus providing deliberately and of aforethought frustrated their purpose. This Board eliminated wholly from its own administration of the laws all previous technical knowledge of the subject to which they related, and it taught by precept and example (as it still teaches) that, except as to the strictly legal routine fulfilment of a specific requirement of the law, local sanitary authorities should do the same. As Mr. PLAYFAIR remarked, it placed the medical officer of health on the same footing in relation to the sanitary authority as the Poor-law medical officer stands to the Poor-law authority, removing from him at once his essential functions of preventive officer. Whatever doubt may have remained upon the minds of persons regarding so almost inconceivable a state of things must now have been effectually removed by the lately published reports of the general inspectors of the Local Government Board; and it is to be surmised that the publication of these reports first showed Mr. PLAYFAIR clearly the scandalous perversion of the essential objects of the sanitary legislation of 1871 and 1872 which had been effected by the Local Government Board. In these reports, from beginning to end, the object or aim of the Sanitary Laws is dealt with simply as the removal of nuisances, and the inspector of nuisances is regarded as the particular officer whose duty it is to prevent disease. The medical officer of health has no place in the scheme of prevention. He is dealt with solely as a resource in case the preventive efforts of the inspector of nuisances should fail—a person to be called in, like the doctor in ordinary life, to remedy disease, if the sanitary authority, on the one hand, or the central inspector, on the other, should hold it advisable. The action of this officer is to be strictly limited by the conceptions of disease-prevention held by the sanitary authority, the central inspector, and the inspector of nuisances. He is to be reserved as a rectifier of sanitary administrative blunders, as expressed in preventable sickness, just as the technical staff of the central administration is reserved for this purpose. The measure of success of local sanitary administration is the removal of nuisances, not the abatement of disease; and the extinction of nuisances is a mere matter of common observation. Mr. PLAYFAIR said that the Local Government Board had misunderstood its function by cramming common sense into boards already saturated with it, and withholding scientific sense which they cannot be expected to possess. Is Mr. PLAYFAIR justified in insulting, even though unintentionally, "common sense" in this fashion? It is impossible to maintain the species of lay inspection of sanitary administration instituted by the Local Government Board without discrediting the scientific elements of sanitary administration throughout; and the Board and its inspectors have not hesitated to do this. The result has been a species of apotheosis of "common ob-

servation," as typified by the inspector of nuisances in the new sanitary administration of the country. The compulsory appointment of medical officers of health, except as the means of inaugurating an administration founded upon the knowledge of the sickness and deaths of a locality, would not only be meaningless, but unjustifiable. The Local Government Board has not hesitated to deprive the appointment, in practice, of its proper meaning, by instructing sanitary authorities, through its inspectors, that the appointment is largely useless—*except when epidemic disease is present*. This has long been patent; but no member of the Legislature has as yet spoken of it in his place in the House, and until now none has shown an adequate conception of its importance in his extra-parliamentary utterances. It is hardly to be hoped that the Legislature can contend successfully against a thoroughly organised and powerful department like that of the Poor-law (otherwise Local Government) Board, with its administrative interests at stake. That Board has done this mischief in sanitary administration too thoroughly, thanks to the indifference of Parliament, to be remedied without long work. It has so successfully prejudiced rural sanitary administration against medical officers of health—in other words, against trained technical knowledge in its deliberations,—that the present generation will hardly unlearn the injurious teaching. Mr. PLAYFAIR touched the core of the subject when he insisted that central and local sanitary administration should be based upon audits of death and disease. He justly observed "that unless the medical officers of health are trusted by the local authorities as their immediate sanitary advisers, and are encouraged to use the knowledge of sickness and death, gathered in the locality, for the prevention of disease, local government will continue to be looked upon as an unpleasant machinery for augmenting rates, and not as one for economising the life and resources of communities."

THE circumstances which were revealed at an inquest held last week in Islington are of considerable interest to the public and to the profession. The inquiry was into the cause of the death of an old Indian general, who, it was alleged, had been wrongfully detained as a lunatic. The causes of his death were sufficiently clear to satisfy the jury that it was due to natural causes. The evidence of his mental state was not sufficiently clear to satisfy his executor, and it is possible that more will yet be heard of this part of the case. The medical relations of lunacy are very important, and the bearings of this case on those relations are of more than usual significance. The deceased was seventy-five years of age, and had lived for six years in lodgings at Islington, temperate and in good health till March, when he became ill with congestion of the lungs, and was attended until the 3rd of June by Dr. SILLIFANT, in whose opinion he was sane up to that date. In the opinion of his two sons he was not sane, and by their instrumentality Dr. SILLIFANT was dismissed and the patient placed under the care of Dr. BROXHOLM, who found him, he says, dirty, taking large quantities of alcohol, talking disconnectedly, and, in his opinion, insane. The nurses were changed, the landlady denied access to him, and, after consultation with Drs. WILKS, TUKE, and MAUDSLEY, certificates were signed by Dr. BROXHOLM and Dr. TUKE, and he was committed to the charge of a male nurse, JOHN WHEELER, who had been placed in the house. The order committing him to the charge of WHEELER, signed by one of the sons of the deceased, contained the manifest inaccuracy of intimating that the house in which he was to be kept was that of the attendant, when it was, in fact, that in which he had been living for six years. It would appear also that the patient remained under the care of Dr. BROXHOLM, who had signed one of the certificates of lunacy. On the mental state of the deceased much contradictory opinion was expressed. It cannot be imagined that Dr. TUKE or Dr. BROXHOLM would have signed the certificate unless distinct and sufficient symptoms of insanity had been obvious to them; but the report of the inquest does not give details on the point full enough to enable an opinion to be formed. In the judgment of the executor, Mr. LOWE, of Parliament street, who knew him well and saw him frequently, the General was throughout perfectly sane; and Dr. LANGSTON, who accompanied Baron CLEASBY to see him the day before his death, was of the same opinion, as, it would appear, was also Dr. WILKS on the 26th of July.

The details of the case illustrate very forcibly the need for extreme caution in dealing with those supposed to be insane. Their management, the circumstances in which they are maintained, should be above the suspicion of injustice or of injury. However common may be the practice of ordering a lunatic into the entire charge and control of an attendant, we cannot but think that it is one most undesirable, and to be avoided whenever possible. It should be always foremost in the mind of those who have to order or sanction the arrangements for the care of the insane that the object of restraint is their recovery, no less, but more, than relief to their friends; and the means employed should always be those most calculated to further restoration to health of mind as well as of body.

Annotations.

"Ne quid nimis."

OVARIAN AND UTERINE PATHOLOGY.

THE address of Dr. Matthews Duncan at Edinburgh, as President of the Obstetric Section of the British Medical Association, magnifies the importance of the ovaries and their diseases as factors in producing the ailments of women. The greater ease with which lesions and malpositions of the uterus can be detected has, he seems to think, led to an erroneous estimate of their frequency and importance as compared with ovarian lesions. His remarks on the common and superficial lesions of the cervix and on the stereotyped treatment of them we reproduce in their entirety, as well as his observations on the pathology of the inner surface and body of the uterus:—

"The application of physical methods to the investigation of the diseases of the genital organs brought to light, first, the most superficial or most easily observed of uterine lesions—the ulceration, as it was called, of the cervix; and it was inevitable that to this great importance should be attached, an importance far beyond what it really possesses. This importance has now, for at least a decade, been rapidly declining; and while it is admitted that the lesion is very significant, and forms an element of the most common

disease of women, it is now well known that it has been not only exaggerated in importance, but misinterpreted as to its relation to the discharge; and that the treatment, by applying lunar caustic through the speculum to the visible ulceration, once so very widely used, is only rarely a good or successful method. Great improvements have recently been made in the theory and treatment of diseases of the neck of the womb; but we can only say that great and admirable attempts have been made to improve in a similar manner the theory and treatment of the analogous diseases of the body of the organ. Endometritis, even, is very inadequately described; and the attainment of this is, or should be, our first step to knowledge of disease of the uterine body. The influence of displacements and their relation to uterine congestion are not settled matters, after all the voluminous writing which has been zealously devoted to them."

The above remarks show clearly that Dr. Duncan does not mean to advocate the neglect of the uterus, while he asks for more attention to the ovaries. It is not a little interesting to general practitioners to remember in this connexion that an eminent English gynæcologist only last week in our columns spoke with refreshing positiveness of the dependence of severe hysteria on flexions of the uterus. Dr. Grailly Hewitt said, "My own observation has led me to the conclusion that marked flexion of the uterus exists in all cases of severe repeated hysterical attacks." These attacks might be thought to have an ovarian rather than a uterine seat, if indeed it has any special seat in the sexual system. The probability is that either ovarian or uterine irritation, or any other irritation or shock, acting on the nervous centres of patients with a certain morbidness or irritability of the nervous constitution, suffices to set up hysterical phenomena. But we are digressing.

Dr. Duncan goes into the question of the connexion between sexual activity and the integrity of the ovaries, and recognises the dethronement of the ovaries from the supreme position in all departments of sexual activity. The persistence of sexual feelings after the complete removal of the ovaries is the principal fact quoted by him, inclining him to believe that the sexual function has its head-quarters in a certain portion of the lumbar spine, rather than in the ovaries. Still, Dr. Duncan is of opinion that the dethronement of the ovaries is not yet complete, and that there is still much truth in the ordinary views of practitioners as to their being the *fons et origo* of all the sexual functions. All practitioners are not of this opinion, and our readers will remember the letter in which, last year, Mr. William Henry Kesteven claimed for his father priority in contesting the commonly accepted view of the ovular theory of menstruation. Dr. Duncan discusses the question of ovariotomy; the subject of ovaritis, acute and chronic; hæmatocele; the present state of our knowledge of the anatomy and physiology of the ovary. Careful bimanual examination is lauded as the chief means of physical diagnosis, especially for the detection of ovaritis, uncomplicated with adhesions. He regards our improved knowledge of ovaritis as one of the greatest steps of progress in modern gynæcology. His view of the importance of the diagnosis of it may be gathered from the following words:—

"This diagnosis is a matter of very great moment to the practitioner, not only on its own account, for that is a matter of course, but also on account of the value of its discovery as a contraindication—to which Nélaton is said to have attached importance—of various other gynæcological operations. There are in few kinds of cases more frequent occasions for correction of treatment than those that occur under this category. How often is a pessary intolerable because an ovaritis has been neglected! How often is a uterine catarrh inveterate, or a displacement supposed to be painful, or a metritis supposed to be peculiar, when there is an explanation in the neglect of an ovaritis!"

SMALL-POX AND CERTIFICATES OF CAUSE OF DEATH.

THE opposition to compulsory vaccination, as an infringement of the liberty of the subject, is one of the most depressing signs of a certain phase of so-called liberalism, which is unfortunately finding great favour just now among a large section of the working classes. The claim of Alderman Tatham at a recent anti-vaccination meeting in Leeds, that "every man should have the control of his own body and of the bodies of his children in a matter of this kind," is however, so illogical, and would be dangerous in so many ways to the progress of civilisation, that there is little chance of such a doctrine ultimately prevailing. Although statistics carry little weight with anti-vaccinators, this should not prevent a strong effort being made to render figures relating to small-pox and vaccination as complete as possible. At present they are lamentably incomplete and unsatisfactory. Except in hospitals, the medical certificates of the cause of death in nine out of ten omit, in fatal cases of small-pox, to state whether the deceased had been vaccinated or not. Dr. Goldie, in his annual report upon the sanitary condition of Leeds in 1874, states that 121 cases of small-pox were admitted into the Small-pox Hospital of that town during the year. No death occurred among 55 who had been efficiently vaccinated; there were 4 deaths among 30 imperfectly vaccinated; 9 among 24 unvaccinated; and 3 among 12 regarding whose vaccination there was no evidence. At the anti-vaccination meeting above referred to, Councillor Kenworthy declared his disbelief of all statistics relating to this question, and did not hesitate to say that he knew them to be "cooked." It is to be hoped, however, that medical practitioners in future will do their best to increase our knowledge on this important subject, by inserting on their certificates of the cause of death information as to the vaccination of persons who die of small-pox. The want of this co-operation on the part of the medical profession destroys the value of the statistics relating to small-pox published by the Registrar-General.

BLOOD-CORPUSCLES.

IN a brief historical sketch of the mammalian red blood-corpuscles, Dr. Norris, of Birmingham, observes that these minute bodies were first seen in the year 1658 by Swammerdaux, though his observations were not published till a century later. In 1661 Malpighi published his discovery of the blood-corpuscles of the hedgehog. He erroneously regarded them as globules of fat. Leeuwenhoek, in 1673, detected them in human blood, and from this time the study of these bodies commenced in earnest. Hewson, in 1770, showed that in the normal state they were not globules, but flat bodies. Dr. Young, in 1813, inferred that they were biconcave discs, and this was demonstrated by Dr. Hodgkin and Mr. Liston in 1827. The researches of many observers, amongst whom Gulliver and Wharton Jones are conspicuous, have proved that the red corpuscles are destitute of a nucleus, that they have a diameter of about $\frac{1}{3500}$ of an inch, and a thickness of about $\frac{1}{12000}$ of an inch. The running together of the discs into rouleaux was first observed by Hewson, and first depicted by Della Torre about three years subsequently. In 1862 the nature of this phenomenon was investigated by Dr. Norris, who pointed out a form of aggregation of the corpuscles which had been overlooked by previous observers, and which he designated the tesselate mode of aggregation, and at the same time demonstrated experimentally that aggregation in both cases was dependent upon a peculiar operation of the force of cohesion. In regard to their physical constitution, whilst

they were formerly regarded as vesicles, they are now considered to be tiny lumps of a uniformly viscous matter, with at most only a pellicular covering. Their mode of origin is obscure, but is generally attributed to transformation of the white corpuscle. Dr. Norris, however, holds that, like the formless elements of the blood, these morphological elements are produced *de novo* from the food and fluids of the body; and in support of his view states, as the result of his observations, that the colouring principles associated with plants and animals, such as hematin or cruorin, chlorophyll or carmine, possess the power, under suitable conditions, of combining with protein and other substances, and to produce instantaneously, by a process of precipitation, equable-sized organic globules, which are permanent in the surrounding aqueous fluids. These morphological elements are therefore the immediate result of the mere admixture of suitable formless fluids. Hence it would appear that if in any part of the economy hæmatin and globulin come together in the presence of a third suitable organic liquid, hæmoglobin corpuscles must inevitably be produced in numbers proportionate to the amount of hæmoglobin present. This Dr. Norris believes probably occurs in the lymphatic glands, but there is no reason why it should be exclusively confined to this region.

In accordance with this view Dr. Norris remarks we have no longer to search for transition forms (which have been looked for in vain), but only for the chemical substances, the organs which elaborate them, and the regions in which they combine. This view refers the formation of the blood as a whole almost entirely to the elements of the food.

THE CISTERNS IN LONDON HOUSES.

THE London season has now closed, and a walk through the deserted squares and streets will show how universal the exodus is that takes place at this period of the year. The large houses are no longer full of tenants, but are left in charge of one or two domestics, or professional "minders." A change on so large a scale must make an important impression on the sanitary condition of the city, for not only is less sewage poured into the drains, but also less water to flush them is used. It is difficult to say if the diminution in the quantity of sewage is proportionate to the diminished return of water to the sewers, but it would be an interesting point to ascertain. We wish now, however, to draw attention to the condition of the cisterns in empty houses during the dull months. These cisterns are generally constructed to contain sufficient water to meet the requirements of the house when full, allowing so many gallons per head for the estimated number of residents. During the season the cisterns can barely meet the demands made upon them, and consequently the water is thoroughly changed every day, or at the most every two days. When the family is from home the cisterns are seldom emptied, a small quantity only is withdrawn every day, generally from one cistern—the most accessible—the others being left unused. Consequently in these the water becomes stale, and even in the favoured cistern the quantity of fresh water admitted daily is too small, in proportion to the stale water left unused, to be either agreeable or wholesome. The family returns to town after many months' absence, and the water in these cisterns is, in many instances, used by them when it must be in a very bad condition from long storage. We would advise householders to give injunctions to their servants or those left in charge, to draw off the water in all cisterns in the house at least once a week during their absence, and before returning to have the cisterns themselves thoroughly cleaned out. By doing this they will ensure a wholesome and fresh supply of water for themselves, and the water poured into the house-drains in considerable quantities by these weekly flushings will keep them clean and sweet, and carry off any impurities or sewer-gas that may collect in them. They will also benefit their neighbours by returning to the main sewers a quantity of water for flushing at a time when it is much required.

MUIR v. RIDGWAY AND ANOTHER.

AMONGST the cases set down for trial in the Home Circuit during the present Assizes, was an action for libel, brought by Sir William Muir, the Director-General of the Army Medical Department, against Messrs. Ridgway, the proprietors of the *Broad Arrow*. The case came on before the Lord Chief Baron and a special jury at Croydon, on the 9th inst.

Mr. Hawkins, Q.C., who appeared for the plaintiff, said that Sir William Muir had been compelled to bring this action in consequence of some charges that were made against him, which he considered seriously reflected upon his character, in a newspaper called the *Broad Arrow*, of which the defendants were the proprietors. The defendants, however, had done what the managers of all the respectable journals were always ready to do when they discovered that a wrong had been done—had admitted that they were not justified in publishing the article in question, and that there was no foundation for the charges that had been made against the plaintiff. Sir William Muir had no other object in view in bringing the action than to vindicate his character, and he was perfectly satisfied with the explanation of the defendants, and arrangements having been made for indemnifying Sir William Muir against all the expenses that he had been put to in the matter, he would consent to a juror being withdrawn.

Mr. Harrison, on behalf of the defendants, said that the letter complained of had been inserted by inadvertence, but it really did not contain, according to their view of it, any charges against the plaintiff. He, however, was ready to disclaim any intention on the part of his clients to make such charges against the plaintiff, and to withdraw any imputations that were supposed to be cast upon the plaintiff by the article in question.

A juror was then withdrawn, and the Lord Chief Baron, addressing the jury, said that this was a most satisfactory termination of the case. All imputations, if there were any in the paper, which had not been read to them, were withdrawn, and the very high character that Sir William Muir always has sustained will remain unimpeached by any doubt or imputation that may at all have been cast upon him by anything that has appeared in the publication.

THE BRITISH MEDICAL ASSOCIATION AND DIPSOMANIA.

THE Treatment of Habitual Drunkards formed the subject of two papers in the Public Medicine Section of the British Medical Association meeting in Edinburgh, on Thursday week. The point of Dr. Peddie's paper was the identity of the State relations of the suicide and of the dipsomaniac; and the essentially morbid mental condition of the latter, which justifies and needs restraint. Dr. G. F. Boddington, the author of the second paper "On the Control and Restraint of Habitual Drunkards," urged strongly the magnitude of the evil and the need for legislation. Mr. Playfair testified to the weight of the evidence, which was brought before the Parliamentary Committee, as to the efficacy of the proposed measure. A resolution was carried, on the motion of Prof. Christison and Dr. Husband of York, "That excessive intemperance is in many cases a symptom of a special form of insanity, which requires special treatment, with a view, first, to the recovery of those affected, and,

secondly, to the protection and advantage of them and of society; that in the present state of the law such treatment is not attainable; and that it is desirable that legal provision should be made to render it attainable." At the general meeting of the Association on the following day, the motion was referred to the Committee on Habitual Drunkards appointed by the Council. Dr. Ritchie, of Edinburgh, however, suggested that the relationship to insanity, pointed out in the resolution, would mislead the general public, and moved a resolution which recognised more clearly the need for State control of all cases, "whether the result of vice or the manifestation of a special form of insanity." The resolution, however, met with no support, probably because the subject was merely to be referred to the Committee. Dr. Ritchie undoubtedly touched a point which will have to be most carefully considered in every resolution or authoritative suggestion which is put forward on the subject, if the present movement is to have any chance of success. While the essential relationship between insanity and dipsomania is carefully asserted as one of the most important grounds on which legislation is justified, the practical distinction between the two classes of cases must be maintained with the greatest care. Once let the idea get abroad among the public that "the doctors want to shut up all drunkards in lunatic asylums," and an opposition will be raised which will be fatal. We have no doubt that the Committee of Council will give every consideration to the point of Dr. Ritchie's proposed resolution, as it indeed deserves.

THE WATER-SUPPLY AT HASTINGS.

HASTINGS was one of the first of our watering-places to undertake the task of improving its drainage, by constructing a large main sewer, which carried the town drainage to a point a considerable distance to the eastward from the town. The completed scheme has not yet been in operation a sufficient time to make much impression on the death-rate, yet it is satisfactory to notice that the deaths from zymotic diseases have fallen considerably during the last four years, the rate for the four years ending 1874 being 1·8 per 1000, as compared with 3·0 for the decennial period ending 1870. Whilst congratulating the authorities on the improvement of the town drainage, and the advantages they may now expect to accrue from it, we must call their attention to the defective nature of the water-supply—defective certainly in quantity, and frequently, we fear, in quality. Complaints have reached us on both scores, and this spring it came under our own immediate notice. We think in many cases the impurity of the water was caused by the filthy condition of the cisterns in the lodging-houses. But, looking at the sources of the present water-supply, we also feel assured that, in dry seasons especially, the water may acquire considerable organic impurities before its distribution. The question of an increased water-supply has been before the sanitary authority for many months, and they have received many able reports on the subject. It is not our province to dictate which of the proposed schemes is the best, but it is our duty to urge the town authorities speedily to adopt some scheme which will not only secure for the town an ample and pure supply sufficient for its present requirements, but also to make provision for the increasing population. In any case the supply ought to be made constant. Independent of the dangers of the intermittent system, which have been frequently illustrated in our columns, an intermittent supply requires the use of house cisterns for domestic storage. In our own homes we can see that these are regularly cleaned out. In lodging-houses, however, the owners are often too busy or harassed to think of such particulars, even if they regard them as necessary, and we believe many of the complaints that so frequently arise at the different seaside resorts on the score of bad water are attributable to this cause. Visitors whose attention is drawn to any defect in the quality of the water supplied them should inquire into this point, and put themselves in communication with the medical officer of health of the town. If the impurity is due to a foul cistern, it can be easily remedied; if from an originally contaminated water-supply, such complaints will strengthen the medical officer's hands in his endeavours to secure for the town water of better quality. In all cases it should be remembered that a deficient water-supply calls for increased storage, and it is well known that many waters deteriorate and acquire organic impurities during the period they remain in reservoirs and cisterns.

THE TOXIC EFFECTS OF PUTREFIED BLOOD.

SOME very interesting observations on the toxic effects of putrefying blood have been recently communicated to the Académie des Sciences by M. V. Feltz. Their object was to ascertain how far the toxic property could be influenced by various conditions. He first determined the effects on a healthy dog. The injection of one to three cubic centimetres caused all the symptoms of intense septicæmia, pyrexia, vomiting, hæmorrhages, and death, in from three to eight days, with pulmonary infarctions and evidence of fatty degeneration in both blood and liver. Exposure to the air for periods of 24 to 96 hours made no difference in the toxic properties of the blood; exposure to compressed air for 24 to 144 hours likewise had no influence. The microscopic characters of the blood remained unchanged, but the vibrios it contained were a little less active. The toxic effects were the same. Exposure to oxygen had a different result, according to the time of exposure. Contact with oxygen for from 6 to 72 hours did not lessen the poisonous qualities; animals injected died as in the other cases. Those injected with blood which had been exposed to oxygen for 96 to 216 hours recovered after five or six days' illness. The exposure rendered the bacteria &c. inactive. The result was the same with blood through which a continuous current of oxygen was passed. A very similar effect was produced by exposure of the blood to a vacuum for many hours. Some animals which were injected recovered, others died, but the difference was less clearly related to the duration of the exposure. A second series of experiments was to determine the influence of time on the poisonous material. When the putrefied blood was kept so long that no living bodies could be discovered in it by microscopical examination, the same toxic effects were produced by its injection, but were less intense. Some animals recovered, and those which died lived a longer time—ten or twelve days. The post-mortem appearances were the same. Their blood, examined immediately after death, contained active bacteria, vibrios, &c. Putrefied blood was then dried by slow exposure to the air, powdered, mixed with distilled water, and injected. The effects were not, as in the other cases, immediately manifest. After four to six days of incubation, the animals became ill; two died on the tenth and sixteenth days, others recovered. The lesions were the same: the blood contained active bacteria and vibrios. M. Feltz concludes that, as exposure to a vacuum and desiccation did not remove the toxic agent, it cannot be a gas; that activity on the part of the minute moving particles within it is not necessary for its septic effect, and that the development of bacteria &c. in the blood of the animals injected points to the germs of those bacteria as being the probable efficient means of the production of the poisonous effects.

COMPLETION OF THE METROPOLITAN MAIN DRAINAGE.

A LABOUR of sixteen years, and the expenditure of more than four millions sterling, has brought to a successful completion the gigantic undertaking known as the metropolitan main drainage system, which was commenced in 1859. The whole of the sewage of more than four millions of people, living on an area of over 117 square miles, is now diverted from the Thames near London, and discharged at Barking and Crossness, fourteen miles below London-bridge, into the river at high water, in order that the ebbing tide may carry it out to sea. Until the opening of the western pumping station at Pimlico on the 5th inst. the sewage of an area of nearly fifteen square miles of West London, including Chelsea, Fulham, Brompton, Kensington, Shepherd's-bush, Wormwood-scrubs, Notting-hill, and Hammersmith, was discharged into the Thames at Cremorne. The last portion of the metropolitan sewage has now been diverted from this part of the Thames, is lifted to a height of eighteen feet, and then finds its way into the low level sewer, which carries it to the Abbey Mills pumping-station. So recently as 1815 a penalty was incurred by discharging house drainage into the sewers, which were only intended for surface drainage. Up to that date the cesspool system reigned supreme in London. The nuisance of this system, however, became so intolerable that in 1847 a law was passed making cesspools illegal, and requiring all householders to do what was a penal offence before 1815—that is, to drain into the sewers. In the meantime, however, the Thames was rapidly becoming a gigantic open sewer, and three warnings in the shape of cholera epidemics in 1832, 1849, and 1854, combined with the powerful incentive to action in the matter produced by the effluvium of the Thames upon the legislators in the Houses of Parliament, led to the inauguration of the metropolitan main drainage system in 1859. The system is now complete, but the sixteen years during which it has been in progress have passed without the solution of the problem how to utilise this vast amount of sewage now cast into the sea. This still remains to be solved.

DISCOVERY OF THE MEDICINAL PROPERTIES OF NITRITE OF AMYL.

IT was natural for Dr. Warburton Begbie, in his address delivered in Edinburgh, to give all the honour he could to the Medical School of that city. But he passed altogether the bounds of historical accuracy and contemporary justice when he gave to Dr. Lauder Brunton the credit of having, by original research, added the nitrite of amyl to the armoury of practical medicine. The first notice of the effects of the nitrite in producing breathlessness and flushing of the face was by Professor Guthrie; the first systematic, physiological, and therapeutical researches with the nitrite were by Dr. Benjamin W. Richardson. In his report on Nitrite of Amyl made to the British Association for the Advancement of Science at the Newcastle meeting in 1863, Dr. Richardson originally introduced nitrite of amyl into medicine, and in his next and very full report to the Association at the Bath meeting, and in following years he detailed and defined still more carefully, not only the physiological action of the nitrite, but its true position as a therapeutic agent. It was, he showed, as an antispasmodic and as the most potent known relaxant of vascular tension that it took its place in medicine. It would control even strychnine tetanus, and it was to the relief of acute spasmodic and tetanoid affections that it should be applied. Dr. Lauder Brunton, Dr. Haddon, the late Dr. Anstie, Mr. Foster of Huntingdon, and Dr. Farquharson, deserve every credit for being earliest in the field in taking advantage of the knowledge thus supplied, the first-named gentleman having employed the suggested remedy in angina pectoris, the second in cholera, the third in asthma, the fourth in traumatic tetanus, with success, and the fifth in a case of intestinal spasm. But previous to the observations of any of these gentlemen the action, the application, and even the mode of application of nitrite of amyl as a remedy were with much labour discovered, collected, and given to the medical and scientific world by Dr. Richardson.

GROUNDLESS CHARGE AGAINST A SURGEON.

IT is bad enough to have a case of rupture of the uterus, which we are all liable to have, but it is a terrible addition to one's misfortunes to have the accident treated as a crime. This was the hard case of Mr. William John Haram Wood, of Boston, who was charged at the recent Lincoln Assizes with feloniously killing and slaying Mary Elizabeth Wright. The circumstances of the case will be remembered by our readers. Mrs. Wright had flooding, which necessitated delivery by turning, which she seemed to bear very well. Mr. Wood left shortly after delivery. Collapse set in, and the patient died in two or three hours, before Mr. Wood could be fetched. Before leaving he did not apply a binder, and he left no very specific instructions about the administration of stimulants. On his arrival after the death of the patient, Mr. Wood was surprised to hear of the event. A post-mortem examination revealed the existence of rupture of the uterus. On the strength of these facts the above serious charge was brought against Mr. Wood. The case for the prosecution broke down completely, so completely that, after hearing the evidence of Dr. Lowe, Mr. Bristowe, Q.C., the leading counsel for the prosecution, said that he was unable to proceed with the case further, as it was perfectly clear from the evidence of Dr. Lowe that the skill or care of no medical man could have saved the deceased. The judge fully concurred with the learned counsel. He advised the jury to return a verdict of "Not guilty." But he added it was very proper that the death of the deceased should have been inquired into, and he hoped the medical gentlemen attending such cases would wait a little longer after the delivery. The jury immediately returned a verdict of "Not guilty." The judge's advice as to waiting a little longer with cases in which anything unusual has occurred is very reasonable, but we cannot agree with the learned judge that there was any propriety in the trial. The result confirms us in the opinion we expressed in our first notice of the case, that the magistrates should have dismissed it. A medical man's grief at such occurrences is great enough without his life being embittered by unreasonable charges of neglect. Mr. Wood may, however, take to himself this consolation, that the case against him had to be abandoned by the prosecution.

DROWNING IN THE BATHING AND BOATING SEASON.

THE Registrar-General, in his last Weekly Return, calls attention to the recent considerable increase of deaths from accidental drowning in the metropolis. During the fourteen days ending the 7th inst. it appears that twenty-nine deaths resulted from drowning, which exceeded by more than 25 per cent. the corrected average number from the same cause in the corresponding period of the last ten years. Each summer season there is an increase in the fatal cases of drowning. In 1874 they averaged 12 per week in London during the months of July and August, whereas in the other forty-four weeks of the year they did not average

more than 5 per week. The description of the cause of death in the death register is often too indefinite for the purpose of deciding whether the drowning results from bathing, boating, or other cause. With regard to the fifteen deaths from drowning registered in London during the first seven days of this month, it may be stated that bathing was the assigned cause in only two cases, while in several the information furnished by the coroner for the death register is insufficient to decide the circumstances under which the drowning took place. It appears probable that some of the cases described as "found drowned" are suicides, but unless so described, these deaths are referred to accident. The fifteen deaths from drowning above mentioned included eight in the Thames, four in canals, and two in the Lea.

CEREBRAL HÆMORRHAGE WITH HEMI-ANÆSTHESIA.

THE occurrence of hemianæsthesia in lesions of the cerebral hemisphere has thrown much light upon the localisation of brain function. From the post-mortem researches of Türck, and the experiments undertaken by Veysierre, it has now been pretty well established that anæsthesia of one half of the body is most marked when the lesion invades the white matter just outside the optic thalamus, where the cerebral peduncle passes into the radiating crown of Reil—the part called by M. Charcot and others the "internal capsule"—and the neighbouring white substance of the posterior lobe. A case recently related by M. Raymond at the Société Anatomique fully bears this out. It concerned a woman eighty-nine years of age, who was under the care of M. Charcot at the Salpétrière Hospital, who was attacked with apoplexy. There was profound coma, partial right hemiplegia, and complete right hemianæsthesia (no kind of stimulus applied to the skin leading to any response). On the left side both motor power and sensibility were perfectly retained. There was no appreciable difference in temperature between the two sides. Death occurred on the day after the seizure; and there was found a recent clot in the left hemisphere, taking a linear direction from the anterior extremity of the nucleus caudatus to about four centimetres from the posterior part of the occipital lobe. It involved the whole of the island of Reil, as well as part of the lenticular nucleus of the corpus striatum. The caudate nucleus and optic thalamus were free. M. Charcot remarked on the riband-like form taken by the clot, as being determined by the direction of the bundles of nerve-fibres between the lenticular nucleus and the "external capsule."

PRIVILEGED PEST-CENTRES.

IN their new-born anxiety to clear away the centres and foci of epidemic disease, we trust the authorities will not allow their attention to be diverted from those privileged hotbeds and nurseries of contagious and infectious maladies that exist in the closest proximity to some of our best and otherwise healthy residential property. It is a curious circumstance that nearly all the most salubrious localities in great cities, and particularly in the metropolis, are polluted by the presence of some wretched nest of filth and morbific poison, which enjoys the protection and thrives under the fostering care of the neighbourhood on which it preys. In some cases the plague-spot is a row of miserable hovels owned by some enterprising landlord, who lets out his tenements and allows them to be sublet in a fashion and under conditions fatal to public safety. It would not be difficult to point out instances of the nature to which we allude so flagrant as to constitute a scandal, and still wondrously overlooked. Another variety of the evil is yet more surprising in its character. Besides pest-centres maintained for love of lucre by unscrupulous proprietors, there are preserves which owe their toleration to the fact that they form the "sphere" of philanthropic enterprise. Just as Lazarus might have been patronised as an improving set-off to the grandeur, and an appropriate "object" for the benevolence of Dives, so these clusters of pestilent houses, these miserable courts, are kept by the undiscriminating charity of kindly people, who regard them as pet objects of liberality and practical goodness. It may seem a startling assertion, but it is nevertheless true, that such places exist, and have existed under the conditions we indicate, for a considerable length of time, in spite of the most earnest endeavours to get rid of them. No sooner is the deplorable character of one of these kept rookeries exposed than up starts the official representative of some philanthropic society or mission with a remonstrance pointing out how much matters have been mended within so many years, and a detailed laudation of the "good work" going on in the district which it is proposed to demolish. If our great cities are to be thoroughly cleansed, and *all* the causes and centres of disease are to be removed, public spirit will need to enter the lists against this mawkish philanthropy, just as in putting down mendicancy it is necessary to oppose almsgiving. It is not desirable, perhaps, to specify instances of the abuse we condemn; local authorities will have no difficulty in discovering them for themselves. But it is urgently requisite that such cases should be sought out while the new impulse of improvement is at its height, and we call attention to the risk of overlooking them in the hope that the evil may be rectified.

OUR SILENT HIGHWAY.

THE insanitary condition of the Thames from Richmond to Gravesend continues to be frequently pointed out. It would not be difficult to enumerate *seriatim* the nuisances that exist on the river and the surrounding banks. As to Richmond and other places above the main-drainage system that still discharge their sewage into the stream, the Conservators are responsible for compelling the authorities to divert such nuisances. As to foul cargoes, the sanitary authority is responsible, and has within the last week issued two official notices on the subject. As to factories along the river-side, it is believed that (chiefly owing to the exertions of the South-eastern and other Sanitary Associations), certain clauses have been introduced into the Public Health Bill which will enable local authorities to deal with these objectionable establishments. And as to the metropolitan main-drainage outfalls at Barking and Crossness, the Board of Works is responsible, and before long a great fight will occur between that Board and the Conservancy, resulting, as we prophesy, either in the utilisation of the sewage or the extension of the outfalls on both sides of the river. The Conservancy and the sanitary authority have always worked harmoniously, and much of the good already done by the latter has been owing to the able assistance received from the former.

THE HISTORY OF THE PLAGUE.

AN important note has been communicated to the French Académie des Sciences on the Chronology and Geography of the Plague in the Caucasus, Armenia, and Anatolia during the first half of the nineteenth century, by M. J. D. Tholozan, physician to the Shah of Persia. The information has been obtained from official records preserved in Trebizonde and Tiflis, &c. It appears that in the beginning of this century the plague lasted in the Caucasian provinces for more than eighteen years. It made its first appearance in the capital, almost in the centre of the country,

and thence spread in all directions. Its most rapid and persistent movement was towards the north, whence the centre of Russia was seriously threatened in 1806—1816. About the Caspian its extension was slower and its stay briefer. To the south it made no movement, but it passed to the west into Turkey on several occasions. The account of the disease in Armenia and Anatolia presents a series of attacks in rapid succession, the longest period of immunity, for instance, at Trebizonde, being the sixteen years between 1814 and 1830. M. Tholozan's researches fill up a blank which previously existed in the history of the disease.

TABETIC ARTHRITIS.

M. CHARCOT has, more than once, called the attention of the profession to the joint lesions which occur in locomotor ataxy, and in showing recently to the Société de Biologie a collection of bones presenting these changes, he gave a summary of their special characters. These are clinical as well as anatomical. The affection appears commonly during the period of "lightning pains" before the inco-ordination of movement. First, there is grating in the joint; then a collection of liquid in it, with hard œdema of the limb; after a time the joint undergoes a species of dislocation. It is always chronic, is not usually attended with pain, and does not shorten life. The anatomical character is a progressive disappearance of the articular extremities without any bony prominences. The bones appear as if they had been ground down. The affection would seem to be less rare than is commonly supposed, since M. Charcot has seen fifty cases.

CHARITY VOTING REFORM.

THE last Report of the Charity Voting Reform Association, dated August 1st, shows, as regards the Royal Medical Benevolent College, that of 2357 subscribers who have recorded an opinion on the subject of voting, 2098 are in favour of its abolition, and 259 desire to retain the present condition of things; so that there is a majority of eight to one in favour of the memorial sent to the Council of the College some weeks ago, and to which we have already referred. Under these circumstances, it appears to be the bounden duty of the governing body of the Medical Benevolent College to discharge their responsibilities in this matter without delay, and, acting upon the expressed wishes of a large majority of the subscribers, to set a conspicuous example in the cause of charity voting reform.

H.M.S. *Shearwater* has just returned to the Medway from the East Coast of Africa, having been out on a surveying expedition in all parts of the world since July, 1871, when she was commanded by Captain Nares, the officer now commanding the Arctic expedition. We are informed that when off the coast of Zanzibar in the spring of the current year, a large proportion of the officers and crew were attacked with some form of remittent fever. We may anticipate some early particulars of these cases through the Medical Director-General of the Navy. Medical and sanitary particulars should be recorded minutely and published speedily for the benefit of those studying, and interested in, the etiology of disease as it occurs afloat.

AN outbreak of puerperal fever has occurred in the lying-in ward of the Caistor Workhouse. The guardians appear to be aware of the gravity of such an event, and have issued orders forbidding the admission of pregnant women to the institution until further notice. At first blame was thrown on the medical officer at the workhouse, but he has since been completely exonerated by the Local Government Board.

WHEN the epidemic of measles which has scourged Fiji first appeared, considerable blame was attached, even in official quarters, to the medical officer of the *Dido* for his laxity in permitting the King and his suite to land on the island without giving the population any sort of warning. In due time the ship-surgeon was requested to give an explanation of his conduct, when he appears to have completely cleared himself of a charge which, if proven, would certainly betray culpable carelessness in one occupying a responsible position. He apprised the Colonial Secretary and other officials that the men on board were suffering from measles, and pointed out the danger of communicating the disease, should they be landed. As the report of the inquiry into the affair ordered by the Admiralty must soon reach this country, it is better to reserve any further observations until then.

THE death of Mr. John Churchill is an event that deserves more than a brief notice. He may be said to have been the first great medical publisher in this country. During a long life, marked alike by enterprise and integrity, Mr. Churchill won the esteem of a numerous and influential section of the profession. For some years, while in business in Princes-street, Leicester-square, he published THE LANCET. Last week we incorrectly stated his age to have been seventy-three. He was a year older than this. Mr. Churchill's benevolence was well known, and he has bequeathed, in addition to other legacies of varying amounts, £500 to the Royal Medical Benevolent College, Epsom, and a similar sum to the Medical Benevolent Fund.

A PARLIAMENTARY PAPER has just been issued which gives, *in extenso*, a report furnished to the Home Secretary with reference to the conduct of Dr. F. R. Bernard, assistant-surgeon at Portland Convict Prison. A deceased convict named Larmont had made various charges of neglect against Dr. Bernard, but the Commissioners appointed to inquire into the case (Mr. W. J. Stopford, Director, and Dr. Briscoe, Inspector, of Convict Prisons, and Dr. Guy) came to the unanimous conclusion that Dr. Bernard "was not wanting in skill, attention, or substantial kindness to the deceased, or to the sick prisoners generally," but that in the performance of his duties he displayed a want of tact and temper.

THE Duke of Northumberland has given notice for next session of a motion for an address to the Queen praying for the appointment of a Royal Commission "to inquire into the working and management of works and manufactories smelting, burning, or converting ores and minerals, by which sulphurous acid, sulphuretted hydrogen, and ammoniacal or other gases are given off; to ascertain the effects produced thereby on the health of animal and vegetable life; and to report upon the best means to be adopted for the prevention of injury thereto arising from the exhalation of such acids and gases, and upon the legislative measures, if any, required for this purpose."

IN the House of Commons on Wednesday evening, Dr. O'Leary complained that the Public Health (Ireland) Act had proved inoperative, and he called upon the Government to take steps to have it amended. The Solicitor-General for Ireland, in reply, stated that the Act (which had been in operation only two months), as far as he was aware, was working exceedingly well, and was doing a vast amount of good. He thought it was too soon to form any definite opinion on the subject generally. Mr. Ward then said the remuneration paid to medical men was totally inadequate to the duties they performed, and would prevent the Act from being effectually carried out.

DR. GEORGE BLAND, in his second annual report of the sanitary condition of Macclesfield, has to point out many evils requiring vigorous action on the part of the health authorities. There are in the town 5199 houses which are unprovided with a proper system of drainage, the sewage from which is often allowed to flow on the surface of the ground. The out-door closets are, as a rule, defective in construction and insufficient in number. There appears to have been a considerable waste of infant life in Macclesfield during the year 1874. Among enthetic diseases we observe that five deaths are registered under the head of syphilis.

RECENT letters from Syria state that cholera is now fearfully prevalent in Damascus, the mortality being very great. As many as 400 fresh cases a day have been reported. Sudden deaths frequently occur in the streets. There are no medical men, no medicines, and no bedding or clothing. Numerous cases of the disease are also recorded in Antioch. The district schools under British supervision have been closed, and the children dispersed. No special sanitary measures seem to have been adopted, the lethargic authorities contenting themselves with burning the clothes and effects of deceased persons.

ONE of the oldest medical officers of the army, Mr. Henry Franklin, C.B., Inspector-General of Hospitals, died on the 2nd inst. at Folkestone, in his eighty-ninth year. He entered the service as hospital assistant in August, 1808, and served in the Peninsula, in the American war, and in India from April, 1842, to June, 1850, and was present at the battles of Chilianwallah and Goojerat.

THE Islington Vestry, after having pushed their opposition to the utmost, at their last meeting consented to pay the registrars for their valuable weekly returns, thus putting them in the same position as the country registrars have occupied, by Act of Parliament, for some years. The advocacy of our correspondent, Mr. Butterfield, has at last received its due reward.

DR. CHAS. HENRY LEET, who from the commencement of the Medical Act has represented Apothecaries' Hall, Dublin, on the Medical Council, has just been re-elected to serve for the period of twelve months.

DR. WM. STEPHENSON, F.R.C.S. Edinburgh, has been appointed to the chair of Midwifery and Diseases of Women and Children in the University of Aberdeen, vacant by the death of Dr. Inglis.

THE *Times of India* reports that Dr. Shortt has just successfully treated, by means of liquor potassæ and brandy, two persons who were bitten by cobras at Madras.

THE COLLEGE OF SURGEONS.

AT the meeting of the Council on Monday, after the ordinary proceedings, the President referred to the Enabling Act, copies of which had been distributed to the members; and the thanks of the Council were given to Lord Selborne, Sir John Lubbock, and Dr. Lush; for carrying the Bill through the Houses of Parliament.

The President and Vice-Presidents were then requested "to take such steps as they may think proper for renewing negotiations with the other English medical authorities with a view to the formation of a Conjoint Examining Board for England, and report thereon to the Council." The question was raised as to the position of the last proposed scheme. Some of the members of the Council alleged that it was virtually defunct; others took an opposite view; but the general feeling was that there is very little, if any, vitality remaining in the scheme.

Letters were received from Mr. Hancock, Mr. Le Gros Clark, and Mr. Savory, resigning their seats as examiners. Mr. Hancock does not, we believe, seek re-election, but the President said that he had reason to think that the services of Mr. Clark and Mr. Savory on the Board would be retained.

The Council adjourned until October 13th and 14th; on the first of these days for the election of examiners, and the last for ordinary proceedings.

Mr. Hancock's motion, of which he gave notice at the former meeting, was not brought forward.

THE ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

THE business of Friday, the 6th inst., and the fourth day of the meeting of the Association, was commenced at ten o'clock by the delivery of the Address in Physiology by Professor Rutherford, in the lecture-hall of the Museum of Science and Art. The address, an abstract of which we publish, was listened to with great attention by a large audience for about an hour. But as eleven o'clock approached many began to leave the hall in order to be present at the demonstration by Professor Lister in the Physiological Class-room in the university, of his method of investigation into the nature of putrefaction and other fermentative changes. Although the room was nearly filled at eleven o'clock, and crammed by a quarter-past eleven, Mr. Lister did not commence his demonstration till nearly half-past. The gist of his discourse was that putrefaction and fermentative changes were due to the presence of living organisms, and not to chemical processes. Mr. Lister maintained that if the dust and septic matter floating in ordinary air be excluded from putrescible fluids, such as milk or wine, no putrefaction or fermentative changes would occur, even though the purified air were freely admitted. In support of this allegation several appeals were made to actual experiments, which, as far as they went, seemed to confirm Mr. Lister's views.

If any evolutionists were present at this demonstration, they must indeed have been sceptical if they did not at once embrace the germ theory expounded by Mr. Lister. Even if the experiments were not convincing, the filthy condition of the atmosphere in the room ought to have removed any lingering doubt. It is no exaggeration to say that after between three and four hundred persons had been crammed into this ill-ventilated room for above two hours, the air positively stank. Most of those present must have been wellnigh poisoned.

So long did Mr. Lister continue his demonstration that there was not time left for the transaction of the other business in the Physiology Section, and several persons who had come to read papers went away evidently disappointed.

At half-past one in the afternoon the last, or, to speak more correctly, the complimentary general meeting was held in the Chemistry Class-room. The Report on Parliamentary Bills was handed in by Dr. Falconer, of Bath, and a resolution to the effect that the Association desired to afford effectual assistance in aid of the views expressed in the Public Health section regarding habitual drunkards was moved by Dr. A. P. Stewart, of London. A resolution was then read respecting the Scotch Poor-law medical relief; and a committee was appointed to inquire into and report upon the various anæsthetic agents used in surgical practice. Then came the usual votes of thanks, which we need not particularise here, and the proceedings terminated.

In the afternoon of the same day upwards of 3000 ladies and gentlemen attended a garden party in the Royal Botanic Gardens, given by Sir Alexander Grant and the Senatus Academicus of the University. Although the weather had been unfavourable during the earlier part of the day, it cleared up and the sun shone forth just before the hour of reception. The company on their arrival were

received by Sir Alexander Grant and Lady Grant, and Professor Balfour and Mrs. Balfour. No efforts had been spared to render the gardens, hothouses, and museum but especially the latter, attractive and instructive. The excellent band of the Dragoon Guards performed upon the beautiful lawn between the rock garden and the herbarium, and the pipers of the Edinburgh Rifle Volunteers piped at intervals while marching on the gravel walk surrounding the house.

The meeting formally concluded on Saturday, when a large number of those who had been for three or four days attending meetings and listening to addresses and the reading of papers in close and crowded rooms, took advantage of one or other of the excursions to breathe again pure air. Some took steamboat to Bass Rock, some went to Melrose and Abbotsford, some to Hawthornden and Roslyn, some to the Trossachs, while some were conducted by Mr. Cook through the beautiful districts in the west of Scotland, on their way to Staffa and Iona.

THE HEALTH OF SHEFFIELD IN 1874.

THERE is a considerable monotony about health report literature which is perhaps scarcely avoidable. Indeed, in some respects a still closer uniformity, especially in the tables of these reports, would add greatly to their value. It is, however, satisfactory to find a medical officer of health's report in which the figures are treated in a manner which is at the same time novel and valuable in throwing light upon some of the more important and least investigated branches of mortality statistics. Dr. Griffiths' report on the sanitary condition of the borough of Sheffield during the year 1874 is one which we can cordially commend to the notice, not only of medical officers of health, but also of all those who are interested in the important subject of the waste of life in our large towns. It is impossible in a short notice of this report to do more than refer to one or two of the many aspects under which the sanitary condition of Sheffield in 1874 is considered by Dr. Griffiths. The rate of increase of population in Sheffield during the decade 1861–70 was a high one, and assuming that this rate has been maintained since 1871, the number of inhabitants in the middle of the year 1874 was estimated by the Registrar-General at 261,029. The estimated increase of population in the borough during the year 1874 was 6764. The excess of births over deaths was, however, but 3849, and it follows that nearly 3000 persons must have been added to the population of the borough during the year by the balance of immigration over emigration. The area of the borough is so large that the population in 1874 did not average more than 13 persons to an acre; this, however, affords no clue to the real density of the population in the town itself. The birth-rate was equal to 42, and the death-rate to 27 per 1000 during 1874; each of these rates considerably exceeded the average for the year in the eighteen large towns. Dr. Griffiths does not attempt to account for the high death-rate by the high birth-rate, but has taken advantage of recent discussions on the subject to point out that the age distribution of the population in the borough is such that, sanitary conditions being equal, would produce, at the English Life-table rates, a mortality of 21·6 per 1000, or 2·9 below the rate in a stationary or life-table population, and 1·1 per 1000 lower than in a population the age distribution of which corresponds with that of England and Wales in 1871. The English Life-table is used in this report for calculating a standard death-rate for Sheffield, by which to measure the actual recorded death-rate at all ages, and at five groups of ages, and for each of the sexes. The value of this for tracing the source of the excessive mortality in towns is undoubted, and Dr. Griffiths has turned it to good account in dealing with the death-rate in Sheffield. The death-rate among males in Sheffield during 1874 exceeded the standard rate by 31 per cent., whereas the excess in the female rate was only 20 per cent. Between forty-five and sixty-five years of age the excess in the male death-rate was 37 per cent., whereas among women it did not exceed 12 per cent. The deleterious effects of town residence evidently operate more powerfully among men than women. This fact opens up an interesting subject for investigation and discussion. The death-rate in Sheffield shows the same depression between the ages of fifteen and thirty-five which is incidental to nearly all town populations, and it has recently been the subject of a paper read before the Statistical Society of London. The tables contain much valuable information as to the rates of mortality from different causes, not only in each of the five groups of ages, but in each of the nine registration subdistricts of the borough. Space forbids us to allude to the use which has been made of these tables in the report. An interesting comparison is also drawn between the effect of the remarkably cold period in the latter part of 1874 upon the rate of mortality in Sheffield and London. This comparison is somewhat disturbed at the early ages by the fatality of scarlet fever in Sheffield; but in each group of ages over twenty years the excessive death-rate due to this severely cold weather was lower in Sheffield than in London.

The statistics of vaccination for Sheffield are far from satisfactory, as they appear to show that more than 2500 children under one year of age remained unvaccinated at the end of the year, after allowance for those infants who died previously to the usual age for vaccination. It is important that health officers should keep themselves informed as to the proportion of the population of their districts which is unvaccinated, and that they should, for that purpose, exert their influence to secure an improved form of vaccination statistics. English statistics of vaccination are very inferior to those published by the Registrar-General of Scotland.

Dr. Griffiths states that the cause of death was uncertified in 572, or more than 5 per cent. of the deaths registered in Sheffield during 1874. It is certain that in a considerable number of these 572 cases there was no medical attendance whatever, but it is more than probable that the deceased in a still larger proportion had been attended by unqualified medical attendants, which would account for the cause of death being returned as "not certified." Now that the names of the certifying medical attendants are entered in the Register, much useful service may be rendered by health officers in checking unqualified medical practice. Valuable information and suggestions are contained in the report upon the sanitary condition of canal barges, the dwellings of the working classes, slaughter-houses, &c., which we can only afford space to mention. The want of mortuaries and of hospital accommodation for infectious diseases is also urged. We have read few reports of health officers which for soundness of their statistics and the amount of practical information they contain are superior to Dr. Griffiths' report for 1874 on Sheffield.

Correspondence.

"Audi alteram partem."

CHLOROFORM OR ETHER.

To the Editor of THE LANCET.

SIR,—The relative *ultimate* safety of chloroform and ether is a very important question, and one that I have not seen noticed by any of the correspondents of the several medical journals.

My attention was drawn to this point last March, by Mr. Jessop, of Leeds, who informed me that he had almost abandoned ether as an anæsthetic in consequence of having lost several patients from bronchitis about the fifth day after operation; the bronchitis being induced, he believed, by the irritant action of the ether.

That patients more frequently die on the table under chloroform than under ether inhalation appears unquestionable; but if it be proved that ether occasionally produces fatal bronchitis, it behoves us to attempt to discover the cases in which this condition is likely to follow. I have not seen any death that I could directly trace to ether, though my experience inclines me to the opinion that the after-effects of ether are more persistent than those of chloroform or methylene, relish for food often being absent for several

days. Since April, 1870, I have administered anæsthetics to 1144 patients: methylene in about 150 cases, ether in some 50, and chloroform in the remainder. I have never lost a patient. One ether case was in great peril; and about one in fifty of the chloroform cases exhibited dangerous symptoms.

It is an extremely difficult, and, I believe, almost impossible, matter for one to give chloroform in an interesting operation without taking an occasional look at the operation, and I fear that dangerous symptoms in fatal cases are, as a rule, not observed sufficiently early for treatment to be of avail. On Thursday last I gave chloroform to a healthy country girl of fourteen for the removal of a fatty tumour beneath the extensor muscles of the forearm. She had inhaled half a drachm, and was commencing the next when her face became dusky, her pupils dilated, pulse feeble, respiration shallow. I gently lowered the head, drew the chin away from the sternum, turned her slowly over on to the left side, and pressed firmly with my hand beneath the heart, and in a very short time her face regained its natural colour and her circulation and respiration their normal action. I resumed chloroform, but in a few minutes the dangerous symptoms returned, and the same measures were successfully resorted to. Chloroform was again given, and the perilous condition returned, and this time the respiration completely stopped. The measures for resuscitation were again successful. The operation was now almost completed, and I had no further anxiety about my patient, but gave a few whiffs of ether whilst the sutures were applied.

I have notes of several similar cases which I have treated by the above simple and ready method. Facial pallor or duskiness is usually the earliest symptom of danger, and on observing this I gently lower the head. If a good effect is not immediate, or if the respiration is failing, I raise the chin, and turn the patient over on to the left side. Galvanism I have never employed, and unless an assistant is at hand to use it whilst the above measures are being carried out, I think the battery is best out of the operating theatre. I fear many lives have been sacrificed from the *few minutes or moments* which must elapse before this instrument can be applied.

I am, Sir, your obedient servant,

Leicester, August 7th, 1875. FRANK H. HODGES.

DR. O'NEILL AND MR. F. J. CLARKE.

To the Editor of THE LANCET.

SIR,—I hope you will grant me the privilege of repelling a charge brought against my private character by Mr. F. J. Clarke in your impression of the 7th instant. The writer of the letter, with a well-feigned show of injured innocence, and with a kind of special pleading, endeavours to show that I, a medical man, have no right to interfere with his practices simply because he owes me a three years' bill for medical attendance, the payment of which he is seeking to evade. Mr. Clarke, as might have been expected, is wroth with me for having procured the analysis of his so-called "blood mixture," and, of course, looks out for motives, which he imagines he has found in my medical bills. At the time of his writing to THE LANCET he was perfectly well aware of my expressed intention to proceed against him for the non-payment of my fees, and that all the necessary information was in the hands of my solicitor, to whom he had easy access. When the indebtedness to me was first incurred there was expressed thankfulness and promises to pay when in a position to do so. Next came forgetfulness, and finally denial. I am extremely sorry that I should have to rebut a personal attack of this kind in THE LANCET, but it gives me an opportunity of thanking the Editor of this journal for the kindness and courtesy accorded to me, and also to thank my many professional friends, many of whom are personally unknown to me, for their approbation and sympathy. I may say, in conclusion, that the motives attempted to be fastened on me had nothing to do with my procuring the analysis. Since the so-called Blood Mixture came into anything like notoriety, which is only during the last few years, I felt that something should be done, but my thoughts never assumed a definite shape until lately.

I am, Sir, your obedient servant,

Lincoln, Aug. 9th, 1875. WILLIAM O'NEILL, M.D.

THE COLLEGE OF PHYSICIANS AND THE CLINICAL STUDY OF INSANITY.

To the Editor of THE LANCET.

SIR,—With reference to the petition to the Colleges of the Lecturers on Insanity, I enclose, with his permission, a copy of a portion of a letter which I recently received from the Registrar of the London College of Physicians, for which I hope you will kindly make room, as the knowledge of the step the College of Physicians has taken may induce other examining bodies to follow suit.

I am, Sir, your faithful servant,

R. H. B. WICKHAM,
Hon. Secretary to the Lecturers on Insanity.

Borough Asylum, Coxlodge, Newcastle-upon-Tyne, Aug. 10th, 1875.

[COPY.]

On the 19th July the following resolution was adopted at the Royal College of Physicians of London:—"That the Registrar prepare and submit a regulation to the College, 'That students who wish to qualify for the examination for the membership or licence of the College may substitute, if they so desire, a three months' course of clinical instruction in the wards of a lunatic asylum for the same period of attendance in the medical wards of a general hospital.'"

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND. — At the last meeting of the Council the following Member was admitted a Fellow of the College:—

Poppleton Joe, L.S.A., Bradford, Yorks; diploma of membership dated Oct. 1838.

UNIVERSITY OF LONDON.—The following is a list of the candidates who have passed the recent 1st M.B. examination:—

ENTIRE EXAMINATION.

FIRST DIVISION. — Fredk. Lucas Benham, John Topham Gadsby, George Courtenay Henderson, and Richard Shalders Miller, University College; James John Macwhirter Dunbar and Francis Goodchild, St. George's Hospital; Thomas Ernest Hayward, Richard Lyddon, and Walter Pye, St. Bartholomew's Hospital; John Francis Nicholson, St. Thomas's Hospital; Arthur Bancks Prowse, Liverpool School of Medicine and St. Mary's Hospital; Harold Gilbertson Taylor and Fredk. Willcocks, King's College.

SECOND DIVISION. — James Blamey, James Wm. Bond, Henry Septimus Bott, Judson Sykes Bury, Claude Clarke Claremont, William Gristock, James Hudson, Christian Bernard Hunter, Alfred James, Boyd Barnett Joll, David Lloyd, John Mortimer, William Rumney Nicholson, Arthur Quarry Silcock, and Charles John Watson, University College; Charles Henry Cattle, Leeds School; William Edward Collins, St. George's Hospital; Henry Davy, Peter Horrocks, Montagu Lubbock, Edm. Howard Paddison, and Leader Henry Stevenson, Guy's Hospital; John Gilliott Garbutt, M.A., St. Mary's Hospital: William Pope Mears, London Hospital; Arthur Robert Wyatt Sedgefield, King's College; Wm. Frederick Shain and Joseph Wiglesworth, Liverpool School; J. Raglan Thomas and Hubert Foveaux Weiss, St. Bartholomew's Hospital; Arthur Thos. Wilkinson, B.A., B.Sc., Owens College.

EXCLUDING PHYSIOLOGY.

FIRST DIVISION.—Howard Griffiths Lowe, Queen's College, Birmingham; Samuel Thomson Plumbe, St. Bartholomew's Hospital.

SECOND DIVISION. — Charles Edward Beevor and William Henry Blake, University College; Alfred Edgar Drysdale, University College and Liverpool Infirmary; Waldemar Joseph Roeckel, St. Bartholomew's Hospital; Herbert Urmson Smith, St. Thomas's Hospital.

PHYSIOLOGY ONLY.

FIRST DIVISION.—Francis Richardson Cross, King's College.

SECOND DIVISION.—Samuel Ferguson Bigger, Liverpool Royal Infirmary; Henry Laurence Champneys and Alfred Finch, Guy's Hospital; John Benjamin Hellier, Leeds School of Medicine; Thomas Bower Smith, University College.

ARMY MEDICAL SERVICE. — The following is a list of candidates who were successful at both the London and Netley examinations recently held, having passed through a course of instruction at the Army Medical School, Netley:

	Marks.		Marks.
Charlesworth, H.	4261	Mapleton, E. A. ...	3976
Dorman, J. C.	4100	Kelsall, E. W.	3560
Le Mottée, G. H. ...	4014	O'Sullivan, D.	3435
Chester, W. L.	4008	Sharpe, C. E.	2933

NAVAL MEDICAL SERVICE. — The following candidates were successful at both the London and Netley examinations, recently held, having passed through a course of instruction at the Army Medical School, Netley:—

	Marks.		Marks.
Marsh, H. E.	4077	Lynch, A. R.	3148
Strickland, H. G. T....	3796	Dudley, J.	2843
Patterson, A.	3608	Sherlock, J. J.	2480
Ronan, M.	3393	Bookey, D. B.	2381
McAdam, J. A.	3285		

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Aug. 5th:—

Dudgeon, John Matthew, Dalbeattie, Kirkcudbrightshire.
Edwardes, Edward Joshua, Llansantffraid, Montgomeryshire.
Highton, Thomas, St. Thomas's Hospital.

The following gentlemen passed the Primary Professional Examination on the same day:—

M. H. L. Allen and Charles F. Goode, St. Mary's Hospital; Owen Bowen, J. L. Jaquet, Westminster Hospital; Edward D. Moorehouse, Owens College; Robt. R. Harper and L. W. L. Joseph, St. Thomas's Hospital; Arthur Bennett, London Hospital; William Johnstone, University College; Percy K. Cree and William Walker, Middlesex Hospital; Charles Stephens, Liverpool Medical School; Thomas H. Gilliam and F. A. Hallsworth, St. Bartholomew's Hospital.

The Court of Examiners elected by the Master, Wardens, and Court of Assistants of the Society of Apothecaries for the ensuing year were duly sworn in on Aug. 5th—viz., Robt. Norton, M.D.; Thos. Peregrine, M.D.; George Corfe, M.D.; James Parratt, M.D.; Robert Hunter Semple, M.D.; Charles Taylor, M.D.; Thos. Rivington Wheeler, F.R.C.S.E.; John Randall, M.D.; John Sherwood Stocker, M.D.; John Charles Thorowgood, M.D.; Robert Fowler, M.D.; and William Bathurst Woodman, M.D. Secretary and Registrar, Richard Hopkins Robertson, M.D.

DR. R. J. BANNING and Dr. Benjamin Barkus have been placed on the Commission of the Peace for Gateshead-on-Tyne.

VACCINATION GRANTS.—Mr. George J. Perry (not "Berry," as previously announced), of Melksham, has been awarded £12 2s. for efficient vaccination; also Dr. H. J. Buck, Newport, Essex, £9 7s. (third time).

IT is reported that yellow fever has broken out in Florida. The Navy yard at Pensacola is to be closed in consequence of the outbreak, and all unacclimatised officers and men are to proceed north until the danger is over.

THE Quarterly Court of the Governors of the Brompton Hospital for Consumption was held last week in the Board-room of the institution. It was stated that the vacancies in the list of assistant-physicians had been filled up by the election of Drs. Green and Bruce, while Mr. R. Rendle, F.R.C.S., had been appointed resident medical officer.

BEQUESTS, &c., TO MEDICAL CHARITIES.—MRS. Eliza Fallon, of Cabra, Co. Tipperary, bequeathed £3000 each to the St. Vincent Hospital, the Mater Misericordiæ Hospital, and the Hospital for Incurables, all at Dublin. The Birmingham and Midland Counties Orthopædic Hospital has received £250 under the will of the Rev. C. Ingleby. The quarterly report of the Hospital for Consumption, Brompton, acknowledges the receipt of legacies of £250 under the will of Miss Julia Gasquet, and £200 under that of Miss Sarah Clements.

Medical Appointments.

ANDERSON, R. M'G., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Senior Medical Officer to the West Derby Union Workhouse, Walton, vice Hughes, resigned.

BATES, C. P., M.R.C.S.E., has been appointed Medical Officer of Health for the Ramsey Sub-district of the Huntingdon Rural Sanitary District.

CANTON, A. T., L.D.S., has been appointed an Assistant Dental Surgeon to the National Dental Hospital.

CLARK, L., L.D.S., has been appointed an Assistant Dental Surgeon to the National Dental Hospital.

COLES, O., L.D.S., has been appointed Dental Surgeon to the National Dental Hospital, vice Steele, resigned.

COPEMAN, E., M.D., F.R.C.P.L., F.R.C.S.E., has been appointed Medical Officer of Health for the St. Faith Rural Sanitary District: Fees; acreage 47,974; population 10,901.

COTTLE, W., B.A., F.R.C.S.E., L.R.C.P.L., has been appointed Assistant-Surgeon to the Hospital for Diseases of the Skin, vice Tay, appointed Surgeon.

CRABB, J., M.B., C.M., has been appointed Resident Surgeon to the Royal Hospital for Sick Children, Edinburgh.

DAVIS, W., M.R.C.S.E., has been appointed a Medical Officer to the Railway Carriage Company, Oldbury.

DUKE, D., M.R.C.S.E., has been appointed a Surgeon to the Royal South London Dispensary, vice Constable, resigned.

EVANS, A. P., M.R.C.S.E., has been appointed a Medical Officer to the Railway Carriage Company, Oldbury.

GAMGE, F. A., M.D., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 2 District of the Faversham Union, and Medical Officer of Health for the No. 2 Sub-district of the Faversham Rural Sanitary District, vice Spyers, deceased.

GODLEE, R. J., M.B., C.M., M.R.C.S.E., has been appointed Demonstrator of Anatomy at the Charing-cross Hospital Medical School.

JOLLY, R., M.D., F.R.C.S Ed., has been appointed Co-professor of Anatomy at Queen's College, Birmingham.

LATTEY, A., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Southminster District of the Maldon Union, Essex, vice Wigg, resigned.

MACCALL, T., M.B., C.M., L.M., has been appointed Medical Officer to the Stockton and Darlington Railway Company, Crook District, vice Armour, resigned.

MURRAY, W., M.B., M.R.C.S.E., has been appointed a Medical Officer to the Pembroke Dispensary and Infirmary, vice Reid, resigned.

NEWTON, L., M.R.C.S.E., has been appointed Medical Officer of Health for the Alconbury and Sawtry Sub-districts of the Huntingdon Rural Sanitary District: £40 and £34 per annum.

O'CALLAGHAN, K. M., L.F.P. & S. Glas., L.M., has been appointed Medical Officer and Public Vaccinator for the Aldeburgh District of the Plomesgate Union, Suffolk, vice Robbins, resigned.

OLDMAN, J., M.R.C.S.E., has been appointed Medical Officer of Health for the Huntingdon Sub-district of the Huntingdon Rural Sanitary District: £34 per annum.

PEMBERTON, T., L.R.C.P.Ed., L.M., L.R.C.S.E., has been appointed a Medical Officer to the Railway Carriage Company, Oldbury.

RAYE, J. J. A., L.K.Q.C.P.I., has been appointed Medical Officer to the Lincoln United Friendly Societies' Dispensary, vice Goodall, resigned.

RIDDY, J. M., L.R.C.P.L., M.R.C.S.E., has been appointed Medical Officer to the Eckington Amalgamated Medical Aid Association.

ROGERS, G. O., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for No. 1 District of the Newport Pagnell Union, vice Hailey.

ROGERS, H. C., M.R.C.S.E., has been appointed Medical Officer for No. 10 District and the Workhouse of the Newport Pagnell Union, vice Hailey.

SHANN, Mr. F., has been appointed a Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Parry, whose appointment has expired.

SNELL, G., L.R.C.P.Ed., M.R.C.S.E., L.S.A.L., has been appointed Resident Medical Officer to the Kensington Dispensary, vice F. C. P. Howes, M.D., resigned.

SPOONER, F. H., M.R.C.S.E., L.R.C.P.L., has been appointed Resident Midwifery Assistant to St. Bartholomew's Hospital, vice Champneys, resigned.

STOCKER, J., L.D.S., has been appointed an Assistant Dental Surgeon to the National Dental Hospital, vice Gingell, resigned.

THOMAS, R. R. G., M.D., L.R.C.P.Ed., M.R.C.S.E., L.M., has been appointed Medical Officer and Public Vaccinator for the Tiverton West District of the Tiverton Union, vice Reddrop, resigned.

WHITE, C. E., L.D.S., has been appointed an Assistant Dental Surgeon to the National Dental Hospital.

WILLIAMS, N., B.A., M.R.C.S.E., has been appointed House-Surgeon to the Carnarvonshire and Anglesey Infirmary and Dispensary, Bangor, vice Davies, deceased.

WILSON, Mr. A., has been appointed Lecturer on Natural History in the Edinburgh Extra-mural Medical School.

Births, Marriages, and Deaths.

BIRTHS.

BRIETZCKE.—On the 26th ult., at Ryde, the wife of Henry Brietzcke, F.R.C.S.E., of a daughter.

CARLETON.—On the 3rd inst., at Delvin, Co. Westmeath, the wife of Wm. Carleton, M.B., of a daughter.

CARVER.—On the 31st ult., at Cambridge, the wife of E. Carver, F.R.C.S.E., of a daughter.

MADIGAN.—On the 1st inst., at Drumcollogher, Co. Limerick, the wife of J. F. Madigan, L.R.C.P.Ed., of a son.

NASON.—On the 7th inst., at Cambridge-terrace, Kingstown, the wife of J. W. W. Nason, M.D., of a daughter.

OLLERHEAD.—On the 9th inst., at Blenheim-terrace, Minehead, the wife of Thomas J. Ollerhead, L.R.C.P.Ed., L.R.C.S.Ed., of a daughter.

MARRIAGES.

DOWNES—HILL.—On the 29th ult., at St. Luke's Church, Paddington, Edmund Downes, late Lieutenant in the Royal Artillery, and Missionary of the C.M.S. in the Punjab, to Mary Boughton, only daughter of the late Wm. Hill, Esq., of Bishop Wearmouth, Durham.

SIMS—FULLER.—On the 5th inst., at St. Thomas's, Portman-square, Francis Manley Sims, F.R.C.S., of Half-moon-street, Piccadilly, to Alice Belgrave, second daughter of the late Henry William Fuller, M.D., Senior Physician to St. George's Hospital.

STOCKER—GOODMAN.—On the 4th inst., at St. Paul's, Camden-square, N.W., Alonzo Henry Stocker, M.D., of Peckham House, Peckham, S.E., to Ada Mary, of The Terrace, Camden-square, N.W., elder daughter of the late Thomas Goodman, Esq.

DEATHS.

BELL.—On the 9th of June, at Copiabo, Chili, Robt. Carlyle Bell, M.D., aged 59.

BYRNE.—On the 11th of June, at York-street, Cheetham, Manchester, P. Byrne, L.K.Q.C.P.I., aged 36.

HYNES.—On the 16th ult., Denis J. Hynes, L.K.Q.C.P.I., of Kinvara, Co. Galway.

KERR.—On the 5th inst. (accidentally drowned at Millport), Arthur David Kerr, M.B., C.M., of Aberdeen.

O'CONNELL.—On the 3rd inst., at Glasthule, Kingstown, John O'Connell, L.M., aged 82.

SMITH.—On the 29th ult., at Colombo, Ceylon (from the effects of a fall from his horse), Geo. A. C. Vernon Smith, M.R.C.S.E., aged 25.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

THE INFLUENCE OF THE USE OF WIND INSTRUMENTS ON CHEST AFFECTIONS.

DR. BURQ, a French physician, who some time ago noticed the immunity from cholera, in the epidemic of 1849, experienced by people working in copper, and who accordingly proposed that metal as a remedy in the disease, has published a little book in which he endeavours to controvert, by reference to his own observations and personal experience, the notion commonly entertained that the use of wind instruments is injurious to individuals characterised by pectoral weakness. Dr. Burq remarks:—"Many philanthropists, on seeing our young military musicians wield enormous wind instruments, have sorrowed over the few years the poor fellows would have to live. Well, they are mistaken. All the men whose business it is to try the wind instruments made at the various factories before sending them off for sale are, without exception, free from pulmonary affections. I have known many who on entering upon this calling were very delicate, and who, nevertheless, though their duty obliged them to blow for hours together, enjoyed perfect health after a certain time. I am myself an instance of this. My mother died of consumption, eight children of hers fell victims to the same disease, and only three of us survive—and we all three play wind instruments. The day is not far distant, perhaps, when physicians will have recourse to our dreaded art in order to conquer pulmonary diseases."

Mr. R. H. A. Hunter.—We regret we cannot assist our correspondent in the matter.

TWO UNUSUAL CASES IN GENERAL PRACTICE.

To the Editor of THE LANCET.

SIR,—The following cases have come under my notice in the practice of my friend Dr. F. W. Elliott, for whom, and during whose temporary absence, I am acting.

CASE 1.—B——, a coachman in the employ of a gentleman residing in this neighbourhood, was watering his horses in the stable on Sunday morning last, when, as he states, he became suddenly and completely insensible. Upon coming to, he found that he had bitten his tongue, and caused it to bleed somewhat freely. He complained of stiffness and pain in his right shoulder on raising it. On examination I discovered fracture of the acromion process of the right scapula, but no other injury. It must, in my opinion, have been caused by the direct sudden impact of a horse's heel in kicking out from behind, and that, moreover, the suddenness of the attack caused him to bite his tongue.

CASE 2.—S. M——, a female patient, first consulted me on the 20th inst. for an abscess which involved and encircled the umbilicus, and from which there had for some time past issued a thin, unhealthy, purulent discharge. As she was greatly out of health, I directed ferruginous tonics combined with quinine to be taken, and ordered linseed poultices to be kept constantly applied to the umbilicus. She called on me on the 22nd and 24th inst., by which time she seemed to have improved in health. Yesterday morning she called again, and produced for my inspection two large, nearly white gall-stones, which had, just previous to her coming to see me on this occasion, been discharged from the abscess. From the almost complete absence of inflammation now, I should be inclined to the opinion that no more gall-stones were to come away at present, although it is possible that at some future period more might be discharged. She about three months ago suffered severe pain in the right side, attended with violent sickness. It appears to me that these gall-stones, somewhat larger than ordinary, had, in endeavouring to pass the duct into the intestine, become impacted; had set up inflammation, and perforation resulted; that adhesions had formed between the duct and the abdominal wall; and that thereby, by gravitation and the formation of a sinus, they had descended to the umbilicus, and been in this way discharged.

As these two cases are rather exceptional, and might be interesting to some of your readers, I beg to offer this as my excuse for troubling you.

Your obedient servant,
EDWARD C. ANDERSON, Caius Coll. Cambs.

Knight's Hill, Lower Norwood, July 27th, 1875.

Salus Populi, (Ryde.)—In Dr. Layet's "Hygiène des Professions et des Industries" (Paris, Baillière), the author, before writing his book, examined with a physician's eyes the *employés* in the various industrial establishments when at work. The first section describes all the ailments peculiar to each industry, and the sanitary conditions, particularly that of ventilation, which are violated. The second section treats of the professions and their insanitary conditions—a very interesting study. The book, not quite a sealed one even for non-professional readers, will enhance the popular appreciation of State medicine.

THE communication of *Dr. Clapham*, "On Nitrite of Amyl in Sea-sickness," shall appear next week.

D. A.—We are not aware of the existence of any legal definition of the word.

CALIFORNIAN POISON OAK.

To the Editor of THE LANCET.

SIR,—In reply to "F. E. T.," who wrote respecting the above in your journal of July 3rd, I may say that the tree referred to is the *Rhus venenata*, which is capable by contact with the human skin of producing an erysipelatous eruption, with febrile disturbance. A tincture of the plant, in *very minute* doses, is often of service in erysipelas. The best known antidote is the tincture of *Ledum palustrum*. Others of the rhus family, such as *Rhus toxicodendron* and *Rhus radicans*, are credited with producing poisonous symptoms; but *Rhus venenata* is the most poisonous of all.

Yours &c.,
August 11th, 1875. A READER OF THE LANCET.

SCARLET FEVER IN WANDSWORTH.

THE Committee of the Wandsworth Board of Works, in a report presented last week, stated that they had carefully considered the reports of the medical officers of health for Battersea on the subject of the prevalence of scarlet fever in the neighbourhoods of Battersea-rise and New Wandsworth, and also the letters from Mr. Page and the Local Government Board on the same subject, and with the view of providing, as far as practicable, an immediate remedy for a complaint which they had reason to believe had been partly caused by the escape of gases from the sewers into houses in the higher portion of the parish of Battersea, owing to the sewers in the lower parts of such parish having been filled by the late heavy rains, they had instructed the Battersea surveyor immediately to construct ventilating shafts at the heads of the sewers in the following twenty-two roads—viz., Bellevue, Beneriey, Brussels, Brodrick, Oberstein, Park, Varden's, Chivalry, Shelgate, Mallinson, Salcott, Cairns, Abyssinia, Auckland, Middleton, Chatham, Althorp, Nottingham, Louvaine, and Cologne Roads, and St. John's-hill and Bolingbroke-groves, and also to construct ventilating shafts at an average distance of about 100 yards apart to the sewers along the same roads.

Mr. C. Jeaffreson, (Newcastle.)—The paper was received in due time. We will endeavour to comply with our correspondent's request.

Dr. Carr, (Blackheath.)—Thanks.

THE NEW FEVER DEPARTMENT OF THE SUSSEX COUNTY HOSPITAL.

To the Editor of THE LANCET.

SIR,—I hasten to assure my friend Dr. Kebbell that his letter to THE LANCET did not give me the least offence; on the contrary, I was very much obliged to him for affording me an opportunity of placing the real facts of the case before yourself and your readers. Whilst he confined his remarks to the local press, my official position precluded me from noticing them through the same channel; but when he addressed THE LANCET with the declared intention of inducing that journal to alter its published opinion, then I felt it incumbent upon me to answer his letter, and place my opinions on record, and submit my arguments to a tribunal so capable of understanding the real issues in question.

I am glad that Dr. Kebbell so far repudiates the unfair tactics of his party in earnestly disavowing that he had anything to do with the widely circulated rumour (indirectly so complimentary to me) of my having inspired THE LANCET.

Although Dr. Kebbell did not in so many words accuse me of misrepresentation, his letter certainly implied it, inasmuch as *the representation* which gave rise to the whole discussion was made by me in my official capacity.

Dr. Kebbell appears to be *angry* at my making use of his name so freely. My apology must be the activity he displayed, together with other members of his party, in canvassing the sanitary authority, and his many letters on the subject, to which he proudly and confidently appended that name, all of which led me to suppose that he was put forward by his colleagues and supporters as the ablest exponent of their views. Those were my reasons for writing the reply which has so *surprised* (and I should say also rather astonished) my excellent and learned friend, who shows much discretion in not wishing to continue the discussion.

I remain, Sir, your obedient servant,
R. P. B. TAAFFE, M.D. Lond.,
August 7th, 1875. Medical Officer of Health for Brighton.

Mr. Gibb, of Airdrie, complains that, after an interval of two or three days, on visiting one of his cases of fracture of the neck of the thigh, put up as usual with a long splint, he found not only the splint removed, but the patient too. What concerned him still more was to find that his credit in connexion with the diagnosis and treatment of the case had also considerably disappeared. Two medical neighbours had been called in, removed the splint, and pronounced the case not one of fracture of the thigh, but of dislocation of the hip. They advised the patient's removal to the Glasgow Infirmary. Here Mr. Gibb's diagnosis was tested by examining the patient under chloroform, and it was fully confirmed. We are not prepared to say that no circumstances could justify such treatment of a case of alleged fracture under the care of a medical neighbour, but they would be circumstances of a very rare character. Mr. Gibb in this case has his satisfaction, and is not likely to find his diagnosis questioned again by the same parties.

Dr. J. T. Walker.—The advertisement is a very notorious one. Information as to the advertiser is still a desideratum.

THE DEATH UNDER CHLOROFORM AT QUARRY BANK.

To the Editor of THE LANCET.

SIR,—I have this evening read Mr. Ker's account of the post-mortem examination of the body of Matilda Wyatt, and need only say that, although the condition of the heart's cavities indicated syncope, yet the bloody froth exuding from the mouth and nostrils, and the intense violet tint of the face, as well as the condition of the lungs, pointed towards death by suffocation. Mr. Bradley (who assisted at the autopsy) and Dr. Walker agreed with me in the interpretation of the facts of the case. The abscess of the lungs was anything but a small one, and the statement that the abdomen contained three pints of pus is perfectly Munchausen in character. In the hurry of cross-examination I overstated the amount, which was, in reality, not more than three ounces diffused about. It is quite incorrect to say that I ever withdrew my statement that she was a bad subject for the administration of chloroform. The salient points of the case were those so ably commented upon in THE LANCET. I am, Sir, yours obediently,
Brierley Hill, August 11th, 1875. GEORGE ASHMEAD.

P.S.—I only received the order from the coroner about four P.M. to make the post-mortem. I told the policeman I could not fix the time to half an hour, but would be as near to half-past six as I possibly could.

THE CULTIVATION OF ÆSTHETICS IN SCHOOLS.

MR. W. JOLLY, one of Her Majesty's inspectors of schools, calls attention, in his general report this year, to an important matter in connexion with the training of children. There is, he says, a passive education of taste carried on by the surroundings of a child in school—by the arrangements of the room, the decorations, the bearing of the teacher; all of which have an insensible effect on the future life and tone of character of the pupil. Hence the importance of making schoolrooms sweet and tasteful places. Mr. Jolly remarks that beautiful works of art can now be obtained at small cost through the aid offered by the Science and Art Department, and expresses the hope that, by means of such ornamentation and by a general air of refinement, schoolrooms may be made centres of bright and wholesome influences which shall perceptibly contribute to the elevation and happiness of the people.

Leo's communication shall receive attention next week.

THE CUTANEOUS ERUPTION WHICH SOMETIMES FOLLOWS VACCINATION.

To the Editor of THE LANCET.

SIR,—Among the objections which are urged by the less educated classes against vaccination, there is one which is more ominous than others, and has some show of reason in it. I refer to the occurrence of a cutaneous eruption which follows so soon after the operation as to be attributed in some way to its effects upon the system in young children. At first we might be disposed to regard these cases as coincidences, and attempt to discourage belief in such an idea. There is an explanation, however, which it is probable has already been offered, to account for such cases, without contradiction to the belief that there is some connexion between vaccination and the cutaneous disorder which follows it.

From the observation that such a local inflammation as is produced by the application of caustic potash or similar substance in the treatment of nævus may give rise to certain general cutaneous changes, we are induced to ask the question whether the cutaneous lymphatic system in children may become affected in consequence of local suppuration, and, if so, in what manner this is to be explained? There is no difference apparently between the common form of diffuse dermatitis in children, as it occurs upon the head, neck, face, and other parts, whether following vaccination or not. It would certainly appear, however, that local inflammatory action or irritation of the skin is very liable to give rise to those various degrees of general alteration in the cutaneous tissue which we attempt to distinguish as eczema, impetigo, &c., though practically we may regard them as depending on inflammatory processes of different degrees of activity. The knowledge of these facts is very probably made use of by those acquainted with them to diminish the objection which an erroneous view of them would induce in regard to vaccination. It is possible that some of your readers may not yet have directed their attention to them, and may apply them practically in other ways, as, for instance, in deciding upon the propriety of performing vaccination in certain constitutional conditions, besides that of explaining the real connexion between the cutaneous eruption and the operation of vaccination. I am, Sir, faithfully yours,

July, 1875. R. J. LEE.

A.M. Edin.—Vol. I. of the "Allgemeine Zeitschrift für Epidemiologie," edited by Küchenmeister. Its publisher is Enke, Erlangen. Its contents embrace a theoretical and a practical section, and, as far as it has gone, typhus constitutes the chief subject. The origin, and, above all, the differentiating features of this disease are minutely and clearly given. Cholera, too, comes in for a good deal of the same exhaustive handling—see particularly the paragraphs devoted to "Water as a Conveyer of the Cholera-poison."

Mr. H. E. Trestrail.—We regret our correspondent's letter is not quite suitable for our pages.

A Country Surgeon must attach his name to his letter if inserted.

MALPOSITION OF URETHRAL ORIFICE IN A FEMALE.

To the Editor of THE LANCET.

SIR,—A case has recently presented itself in my practice, which I opine will be of some interest to the students of gynæcology. I can find no notice of similar malformation in any of the obstetric treatises at my command, and I can imagine that the state of the parts hereafter described would considerably *puzzle* a practitioner endeavouring to pass a catheter, especially during labour.

E. M——, the wife of an engine-driver, sent for me, complaining of great bearing-down pain "as if something were come down between her legs." She had been married several years, had twice miscarried, and but for some derangement of the digestive organs had enjoyed good health. I proposed a vaginal examination, as I expected to find prolapse of the womb. I found the uterus *in situ*; but on the upper part of the vagina, about an inch from and within its external orifice, I felt what appeared to be the rough, everted edge of an ulcer. Puzzled at what appeared to be an unusual position for an ulcer even of specific origin, I subsequently examined with the speculum, when I discovered that what I at first imagined was an ulcer was an opening into the urethra; but on trying to pass a catheter I found that there was no orifice to the urethra in the usual situation, and this was the only opening to the meatus urinarius. The patient has perfect power of retaining her urine, and was utterly unconscious of being the subject of a malformation. She expressed herself as suffering pain at the time of connexion.

For the reason stated above I think it is a case which should be placed on record, and I shall be glad to learn through your columns if any similar cases have been met with.—I remain, Sir, yours &c.,

Rugby, August, 1875. JOHN INGLEBY MACKENZIE, M.B. Cantab.

J. R. C., (Edinburgh.)—According to the Report of the Science and Art Department of the Committee of Council of Education, the total number of persons who received direct instruction as students, or by means of lectures, in connexion with the Department in 1874 was 411,228, being an increase, as compared with the number in the previous year, of 54,728, or about 15 per cent.

Dr. John Gill.—The matter shall receive attention.

REMUNERATION OF LECTURERS: A STRIKE.

THE Director of the Edinburgh Museum of Science and Art, in his annual report just issued, says:—"I regret to say that the lectures to artisans have had to be suspended during the current session, owing to the unwillingness of the lecturers to continue their valuable services with such inadequate remuneration. The sums received by the six lecturers in 1873-4 average £9 2*s.*, which broadly gives only £1 10*s.* a lecture. If this sum could be subsidised to such an extent as to give a fee of £3 the lecture, the difficulty would be removed, and an admirable source of valuable instruction would be kept open to an earnest class of students, who, although not very numerous, are sufficiently so, I believe, to render their continued scientific training as valuable to the nation at large as to themselves individually."

Mr. Ricideau.—The matter has not been forgotten.

CONGENITAL ABSENCE OF BLADDER.

To the Editor of THE LANCET.

SIR,—The following is a description of a case of congenital absence of the bladder, which came under my care in the wards of St. John's Hospital in this city.

The patient is a boy of seventeen years of age. His general development is normal. In the position of the mons veneris is a red, fungous-looking patch of mucous membrane, resembling the mass which protrudes into the vagina through a large vesico-vaginal fistula. This patch is a trifle larger than a Spanish silver dollar. Near its inferior margin are the openings of the ureters, through which the urine is constantly dribbling away. At its inferior border is a transverse sulcus, about half an inch deep, at the bottom of which is a papillary protuberance, resembling the veru montanum, and at its summit two capillary openings, which are probably the openings of the ejaculatory ducts. The penis extends forward from the bottom of this sulcus. The skin of the upper surface of the penis and the superior wall of the urethra are wanting. The floor of the urethra, forming the dorsal covering of the penis, and partaking of the characteristics of both skin and mucous membrane, extends to the extremity of the glans, and ends in a longitudinal depression in the situation of the meatus. At this point is a small fossa, corresponding to one of the follicles often found near the meatus. The prepuce hangs as a dewlap from the frenum. The symphysis pubis is wanting, its place being supplied by a ligamentous band, stretching from a point corresponding with the pubic spine on either side, across the hiatus. This band may be regarded anatomically as the reunion of the triangular ligament with the investing periosteum of the anterior and posterior surfaces of the pubic bones. No trace of a prostate could be detected. On either side of the mucous patch above alluded to is a hairy pad, following the course of its respective inguinal canal. These pads represent the two halves of the mons veneris. The right testicle is of normal size; the left considerably larger.

A cavity to hold the urine could readily be made by inverting a flap from the abdominal wall; but the absence of a sphincter would make the receptacle useless. All attempt at operative procedure was therefore abandoned.

Respectfully yours,

Beirût, July 27th, 1875. GEORGE E. VOST, Surgeon to St. John's Hospital, &c.

T. E. K., (Bromsgrove.)—One of the most intelligent treatises on Cholera, in which the main theories broached within the last twenty-five years are succinctly stated and criticised, is Dr. Schasenberg's (Würzburg, 1874). The author is a firm believer in the "influence of a specific cholera germ on the more or less predisposed surface of the alimentary canal."

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I was much pleased to see the letter on the above service in your issue of the 15th May, and would wish to bear testimony to all that the writer has said.

There can be little doubt but that the circular dated May, 1873, of the India Office distinctly says that a surgeon under five years' service, and having passed the examination in Hindustani, known as the "lower standard," will receive pay whilst in medical charge of a native regiment at the rate of 450 *r.* a month. But how many surgeons are there who, having qualified in the language, yet receive no such pay? As an example of such cases, take the following:—A., with eighteen years' service, goes home on furlough; B., with twelve months' service, holds medical charge of the regiment, but is said only to be "officiating." A.'s regimental pay is 800 *r.* a month; his unattached pay, 677 *r.*, and the difference (123 *r.*) between these sums is divided between A. and B.! B., instead of receiving 450 *r.* for charge of the regiment, actually only receives his unattached pay, 286 *r.* per mensem, and half the 123 *r.*, or 347 *r.* per mensem altogether. You are liable to hold such appointments for the first four years of your service, unless you are fortunate enough to have some interest to help you on. No mention of "officiating" appointments is made in the India Office circular, and it detracts materially from the rate of pay laid down to find yourself drawing 100 *r.* less than you expected.

I imagine there are many surgeons who would have hesitated before they entered the service had they known of the existence of such appointments; for it is at the outset of a surgeon's career that a liberal rate of pay is especially acceptable. Such an arrangement naturally benefits the senior men, so no word of complaint is heard from them. We, juniors, will be very content if we can only rid the service of "officiating" appointments.

I am, Sir, yours obediently,

Oudh, June 22nd, 1875. A SUFFERER.

PAYMENT OF MEDICAL OFFICERS AS WITNESSES.

To the Editor of THE LANCET.

SIR,—A short time ago I attended at a certain Assizes to give professional evidence (only) in a criminal case, and had only been paid my travelling expenses. I have been told that, being a military officer, I am not entitled to fees for professional evidence in civil matters; and being deplorably ignorant of all matters connected with the law, I trust that you or some of your readers will enlighten me on the subject, and, if I am deprived of my just rights, inform me what steps I must take to recover the amount.

I remain, Sir, yours truly,

August, 1875. A. M. D.

SPECULATION BAITED.

H. Fly Smith, M.B. Oxon., kindly sends us the circular of Fritz Sevin, inviting him to speculate in the next draw of the Imperial Austrian Guaranteed State Loan; in other words, to send a cheque of £5 for the chance of getting a prize of £20,000! Mr. Smith directs especial attention to the taking way in which the agent begins his circular, thus:—"Sir: A gentleman in your neighbourhood, a client of mine of long standing, has given me your name and address as a likely party to speculate on a small scale." It requires some strength of mind to resist offers so cleverly and, withal, personally presented.

Mr. W. McDonald, (Maryhill.)—We are sorry we cannot comply with our correspondent's request.

L.R.C.P. Edin.—The question is settled, and does not admit of discussion.

UNQUALIFIED MEDICAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—Your correspondent in THE LANCET of July 24th, writing on the above subject, says that registrars of deaths should be supplied with a list of the registered medical practitioners of their respective districts, and that this should devolve on the Medical Council. Now, Sir, I fear your correspondent takes a very generous view of the Council. I registered myself last year, for which I had to pay the sum of £5. On the receipt handed to me, I saw printed that I was entitled to a copy of the Medical Register for the ensuing year gratis. The ensuing year has come, and has more than half passed, but no copy have I received. Now, Sir, when I don't get what I have paid for, and am promised, it is scarcely to be expected that registrars of deaths would be supplied with the Medical Register.

In answering a question some little time ago, you said the registration fees went towards the expenses of the Medical Council. The Medical Council, I presume, is supposed to look after the interests of legally qualified practitioners. I question whether that duty is performed, considering the number of men who are allowed to practise without a qualification.

I am, Sir, your obedient servant,

July 26th, 1875. CEDRIC HURFORD, M.D. & M.B.

ERRATUM.—In Dr. Carter's article on the "Physical Cause of Presystolic Murmurs," which appeared in our last impression, page 204, col. 1, line 19 from bottom, for "forcible opening," read "forcible emptying."

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Rutherford, Edinburgh; Dr. Grailly Hewitt, Paris; Dr. Althaus, London; Mr. Wilson, London; Dr. Hime, Sheffield; Mr. Perry, Melksham; Mr. Fairweather; Mr. Wilson, Edinburgh; Dr. Kitchener, Derby; Dr. Struthers, Aberdeen; Dr. O'Neill, Lincoln; Dr. Carr, Blackheath; Mr. Whitney, London; Mr. Hockley, London; Mr. Butterfield, London; Mr. Humphrey, London; Dr. Cannell, Calcutta; Mr. Angus, Newcastle-on-Tyne; Dr. Faber, London; Mr. Hunter, London; Mr. Sherlock, London; Mr. Henry, Lewisham; Dr. Eustace Smith, London; Mr. Lawson Tait, Birmingham; Mr. Carter, Birmingham; Dr. Ker, Brierley Hill; Mr. M'Kenna, London; Mr. Mackenzie, Rugby; Mr. Wickham, Newcastle; Mr. Johnston, London; Dr. Shaw, Bristol; Dr. Finch, Fisherton; Mr. Almond, London; Messrs. J. & A. Churchill, London; Mr. Forbes, Glasgow; Mr. Hartock, London; Mr. B. W. Smith, Bermondsey; Mr. Jeaffreson, Newcastle; Mr. Hodges, Leicester; Dr. Taaffe, Brighton; Dr. Fly Smith, London; Dr. Spooner, London; Mr. Salt, Birmingham; Mr. Mayne, Burton; Mr. Bailey, Worksop; Mr. Crabb, Edinburgh; Dr. Lemald, Maryhill; Dr. Gill, London; Mr. Geo. Ashmead, Brierley Hill; Mr. Attenburrow, Jersey; Mr. Clay, Windsor; Mr. Morton, Leeds; Mr. J. Brown, Walton; Mr. G. E. Vost, Beirût; Mr. Sarjeant, London; Dr. Walker, Anerley; Mr. Moore, London; Dr. Back, Newport; Mr. G. Snell, Kensington; J. G. D.; Enquirer; A Reader of THE LANCET; M.D., Halifax; A. M. D.; D. A., London; The Director-General of the Army Medical Department; L.R.C.P. Ed.; Primus in Indis; Lex; R. T.; A Country Surgeon; E. O.; A Constant Reader; Honorary Secretary; M.D. Cheam; Philologist; Morphia; The Writer of the Union Pamphlet; Radnorshire; G. N.; Every Man to his Own Trade; Lancer, India; M.R.C.S. and L.S.A.; A Subscriber; L.M.; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Mr. Johnston, Bristol; Mr. Brown, Tredegar; Mr. Cotton, Chichester; Dr. Thornley, Leicester; Mr. Ray, Loch Prillich; Messrs. Richardson & Co., Leicester; Mr. Bush, London; Mr. J. J. Johnstone, Alton; Mr. Williams, Olney; Dr. Fraser, Kilsyth; Mr. Brown, Brighton; Mr. Ollerhead, Minehead; Mr. Rutter, London; Mr. S. Whitfield, Birmingham; Dr. Bond, Thame; Mr. Miller, Brixton; Dr. Henry Bennet, Weybridge; Mr. Jackson, Delhi; Dr. Davies, Wrexham; Mr. Todd, Selby; Mr. Hunt, Hull; Mr. Sharp, London; Mr. Macpherson, London; Mr. Wallace; Mr. J. B. Dickinson, Stalybridge; Mr. Morris, Swansea; Mr. Butler, London; F. B.; Alpha; M.D., Wakefield; E. F. T., London; J. N.; B. L. G., London; A. T.; R.; A. B., Lintz Green; M. S., London; C. B. D., London; Medicus, Gateshead; Waverley; M.R.C.S., London; A., Birmingham; F. E. X.; C. A., Edinburgh; Surgeon, Birmingham; A. Z., Calne; C. Q. X.; Medicus; The Secretary, Cheltenham Hospital.

Local Government Chronicle, Welshman, Newcastle Chronicle, Liverpool Post, Hastings and St. Leonard's Chronicle, Banbury Guardian, Chelmsford Chronicle, European Review, Western Morning News, Isle of Man Times, Manchester Guardian, Staffordshire Daily Sentinel, Huddersfield Chronicle, Cork Constitution, Leeds Mercury, East London Observer, Metropolitan, and *Surrey Advertiser* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, AUG. 12TH, 1875.

Date	Barometer reduced to Sea Level, and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp.	Rainfall.	Remarks at 8 A.M.
Aug. 6	30·06	W.	53	57	106	76	50	...	Foggy
" 7	29·90	N.E.	60	62	105	78	56	...	Overcast
" 8	29·99	N.E.	61	64	99	76	61	...	Overcast
" 9	30·09	W.	62	65	102	78	61	...	Overcast
" 10	29·77	S.W.	64	68	99	75	63	0·16	Cloudy
" 11	29·89	S.	60	63	115	78	60	...	Overcast
" 12	29·85	W.	62	65	90	70	62	0·11	Overcast

Medical Diary for the ensuing Week.

Monday, Aug. 16.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, Aug. 17.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.

Wednesday, Aug. 18.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Aug. 19.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Aug. 20.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, Aug. 21.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

NOTICE.

In consequence of THE LANCET being frequently detained by the Post Office when posted for places abroad *more than eight days after* publication, subscribers and others are reminded that such copies can be forwarded only as book packets, and *prepaid* as such.

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